

National Christian Academy

6700 Bock Road, Fort Washington Maryland 20744
 (301) 567-9507 (301) 567-7214 Fax
 Tax I.D. #52-1287344



2022 - 2023 Daycare/Tuition Agreement

Guardian: _____
 Address: _____
 Home Phone: _____
 Work Phone: _____

Family ID#: _____
 Cell Phone: _____
 Social Security#: _____
 DL#: _____
 Email: _____
 Student Start Date: _____

ENROLLMENT Fee is 100% Non-refundable

Scholar's Name	Grade Entering	Daycare/Tuition	Beforecare	Aftercare	Total Fees
1.					
2.					
3.					

Qualified National Church of God Tithers Discount 10% (MUST BE APPROVED)

Tuition includes Enrollment fee for Non-discounted Scholars. Discounted Scholars will receive a Separate charge.

	Annual Rate	1Payment Plan	2Payment Plan	Each	10 Month Plan
	Tuition & Enrollment	10% Savings	5% Savings	Payment	Each Monthly Payment
K5 Thru 6th					
1st Child	\$9,763	\$8,787	\$9,275	\$4,637	\$976
2nd Child	\$8,787	\$7,908	\$8,347	\$4,174	\$879
7th Thru 8th					
1st Child	\$11,901	\$10,711	\$11,306	\$5,653	\$1,190
2nd Child	\$10,711	\$9,640	\$10,175	\$5,088	\$1,071
9th Thru 12th					
1st Child	\$11,383	\$10,245	\$10,814	\$5,407	\$1,138
2nd Child	\$10,245	\$9,220	\$9,732	\$4,866	\$1,024

Daycare K3/K4	Daycare rate includes Breakfast, Lunch, Snack, Before & Aftercare 9 month				
1st Child	\$8,309	\$7,478	\$7,894	\$3,947	\$923
2nd Child	\$7,478	\$6,730	\$7,104	\$3,552	\$831

BEFORE & AFTERCARE	AFTERCARE	BEFORECARE
One Payment Plan: \$2,835.00	One Payment Plan (6:30): \$2,430.00	One Payment Plan: \$810.00
Two Payment Plan: \$1,496.25	Two Payment Plan (6:30): \$1283.00	Two Payment Plan: \$427.00
Monthly Rate: \$350.00	Monthly Rate (6:30): \$300.00	Monthly Rate: \$100.00

I AGREE TO PAY ALL LEGAL AND/OR COLLECTION FEES INCURRED IN THE COLLECTION OF DELINQUENT PAYMENTS.

I've read the financial agreements and accept the terms.

I also understand that I will not be permitted to return my child to school if my balance is not paid in full by the 30th of the month. I, the undersigned, have read the financial agreement and agree to pay all obligations therein.

Signature of Responsible Person: _____ Date: _____ Accounting Staff: _____

For F/O Only	Amt. Pd: _____	CK#: _____	Credit Card: _____	Disc: _____
	Scholarship: _____	Dir. Debit Start Date _____		

All Financial Assistance Must Meet With Parents And Coaches

Scholarship after 3 three lates loses the scholarship. 15th of the month
 All Financial assistance scholars must pay registration and book fee.