



**Wilmington Christian Academy
Financial Agreement for Tuition and Extended Care**

Name _____ School Year _____

TUITION (please check one)

- () **Plan A:** Annual Payment: \$ _____ due on or before the first day of school.
- () **Plan B:** Nine Payments: \$ _____ due on or before the last day of each month – Sept through May.
- () * _____ Payments: \$ _____ due on or before the last day of each month from _____ through _____.

*This plan must be approved by the Administrator and WCA Board.
 WCA Administrator signature _____
 President of WCA Board signature _____

EXTENDED CARE (if applicable, please check one)

- () **Plan A** AM only \$ _____
 PM only \$ _____
 BOTH AM and PM \$ _____
- () **Plan B** AM only \$ _____
 PM only \$ _____
 BOTH AM and PM \$ _____
- () **Plan C 3 days**
 AM only \$ _____
 PM only \$ _____
 BOTH AM and PM \$ _____
- () **Plan C 2 days**
 AM only \$ _____
 PM only \$ _____
 BOTH AM and PM \$ _____

I (We) have read and understand the financial policies and penalties and I (we) have selected a payment plan set forth in this contract. Financial policies may be changed with two (2) weeks notice by the WCA Board.

Father/Guardian Signature SS# _____ Date _____

Street Address City, State, Zip _____ Phone # _____

Mother/Guardian Signature SS# _____ Date _____

Street Address City, State, Zip _____ Phone # _____

*****Office use only*****

Approved by Approval signature Date