

FINANCIAL AGREEMENT 2010-2011  
**Greater Mt. Nebo Christian Academy**  
**1001 Old Mitchellville Road Bowie, MD 20716**  
**Phone: (301) 249-5142 FAX (301) 249-5143**

Student ID #s	Student's Name(s)			Grade Entering	Returning Student	New Student
	Last	First	MI			

**Please fill in the following as it should appear on your account (please print).**

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Father's/Guardian's Work # \_\_\_\_\_

Home Phone \_\_\_\_\_ Mother's/Guardian's Work # \_\_\_\_\_

**CHOICE OF PAYMENT PLAN THROUGH FACTS:** (Please check only one)

\_\_\_\_\_ Pay in full due July

\_\_\_\_\_ Pay Semi-annually – 1<sup>st</sup> Payment due July, 2<sup>nd</sup> Payment due Jan.

\_\_\_\_\_ Pay Quarterly – Payments due July, Oct, Jan., (final payment) April

\_\_\_\_\_ 11 Month Plan – first payment due on July, final payment due May

\_\_\_\_\_ 12 Month Plan – first payment due July, last payment due June

**All payment plans and dates must be chosen through the FACTS Tuition Management Program**

**Please list your child's grade and check the items that apply to you in the columns below:**

Grade(s)	AM Enrichment Program	PM Enrichment Program	AM/PM Enrichment Program

**Please carefully read the following agreement and sign:**

I \_\_\_\_\_ am responsible for the above tuition payment. I understand that all payment due dates are arranged through FACTS and are due according to the dates offered by the program beginning with the month of **July (5<sup>th</sup>/20<sup>th</sup>)**. I also understand all payments for other fees, such as the instructional fee, enrollment fee, and testing fee is due within 30 days of submitting the application for admission. I understand that all fees paid are non-refundable after July 1, 2010. I understand the AEP monthly payments begin September 1<sup>st</sup> and are due the first day of each following month. A non-payment check fee of \$35.00 will be charged for any check returned to GMNCA for insufficient funds. I further understand **if my account becomes 30 days delinquent, my child will not be allowed to attend classes or AEP until the account is up-to-date.**

**Please mail this form along with a check for the fees listed below to: GMNCA 1001 Old Mitchellville Rd, Bowie, MD 20716.**

**I have read the financial policy and agreement and will fulfill my responsibility as stated in both.**

\_\_\_\_\_  
Signature of Person/s Responsible for Payments

\_\_\_\_\_  
Date

Enrollment Fee \$ <u>\$150/ \$200</u> Instructional Material/Book Rental Fee \$ <u>225/\$275</u> Testing Fee (If applicable) \$ <u>50</u> ( K thru 3rd )	Family ID# _____	Date received _____
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