Mid Cities Christian Academy 709 Midway Dr. W. Euless, TX 76039

STUDENTS NAME:			DATE:
DATE OF BIRTH:		REFERRED BY:	
PARENT'S NAME:			_
ADDRESS:			
CITY/STATE/ZIP:			
HOME PHONE #: ()			
DAD'S WORK #: ()		DAD'S CELL #: ()
MOM'S WORK #: ()		MOM'S CELL #: <u>(</u>]
DAD'S EMAIL ADDRESS:			
mom's email address:			
	•	inancial Agree \$7,495.00	
	<u>Payı</u>	ment options	
10 Month Payment Plan	(payment	ts begin on August 1, 20	20) \$ 749.50
Tuition paid in full	(5% discour	nt if paid in full by July 1,	2020) \$7,120.25
This agreement is for <u>tuition onleading</u> before or after care. It is policy 2020-2021 for all grade levels is tuition paid or outstanding will be dismissal from the school. <u>This Your 2020-2021 financial obligations</u>	that your ouncondition to refunde condition is a financial to the condition of the conditio	bbligation to pay the tuing the fuing the second of the se	tion for the full academic year 2020 no portion of such fees, ent of absence, withdrawal or entire 2020-2021 school year.
Signature:		Date	:

OFFICE USE ONLY DATE ENROLLMENT WILL BEGIN: ______ _____ Before School Care _____ After School Care registration: \$_____ CHECK#____CREDIT ____ ACtiVITY: \$_____ CHECK#____CREDIT ____ TUITION: \$______ CHECK#_____ CREDIT _____ BEFORE CARE \$_____ CHECK#_____ CREDIT _____ AFTER CARE \$ CHECK#____CREDIT ____ OTHER: \$______ CHECK#_____ CREDIT _____ OTHER: \$_____ CHECK#_____ CREDIT _____