



PERSONAL INFORMATION

Name of Mother: _____

Name of Father: _____

Current address: _____

City:	Province:	Postal Code:
Home Phone:	Work Phone:	Cell Phone:

Email Address: _____

Name of Child	Total Tuition	Grade Level	School Year
1.	\$		
2.	\$		
3.	\$		
4.	\$		
5.	\$		
6.	\$		
TOTAL TUITION DUE	\$		

FEE SCHEDULE

REGISTRATION FEE: (non-refundable)	\$200.00 PER CHILD; MAXIMUM \$400.00 PER FAMILY Early Bird Discount: Submit Application and Registration fee prior to May 1 st and receive a 25% discount off the Registration fee.		
TIER 1 TUITION:	INDIVIDUAL	2 CHILDREN	FAMILY (3 or more)
5 day program	\$3,300.00 per year	\$6,050.00 per year	\$7,700.00 per year
Tues & Fri - afternoons	\$1,100.00 per year	N/A	N/A
TIER 2 TUITION:	Low income families may qualify for Tier 2 rates. To apply for Tier 2 rates, a full detailed financial application will be required. Proof of income will also be required.		
LATE FEE:	All accounts are subject to a late fee of 10% of any past due balance, with a minimum fee of \$15.00 that will be assessed on the 6 th of each month. Payments are due by the 5th of each month.		
NSF FEE:	Returned cheques are subject to a \$35.00 charge. After the 2 nd returned cheque, all payments must be made by cash or money order.		
Monthly payment option: 10 post-dated cheques from August 1 to May 1 must be received by August 1st of each year.			

PAYMENT INFORMATION

REGISTRATION FEE:	Amount Due \$	Date Paid:
TUITION:	Total Amount Due \$	
PAYMENT OPTIONS:	<input type="checkbox"/> Payment in Full \$	Date Paid:
	<input type="checkbox"/> Monthly Installments of \$	Due by the 5 th of each month

I agree to pay according to this agreement, all tuition, registration, late or NSF fees plus any other applicable charges related to my child's enrollment and participation at Destiny Christian Academy. I am responsible for 50% of the annual tuition for the student's withdrawing prior to December 31 and without any rebate for student's withdrawing after January 1st. I understand that a late fee will be added to my account if the payment is not paid by the 5th of each month. I also understand that my child may be removed from the school if my payment is not made by the 15th of the month.

Dated at Kingston, Ontario this _____ day of _____ 20 _____

Parent Name (please print)

Parent Signature

Per Destiny Christian Academy

Authorized DCA signature