

## The Church In The Highlands ECC Tuition Schedule and Agreement for 2024-2025

- EARLY BIRD CREDIT \$100 credit applied if full tuition is paid by April 1, 2024
   MULTI-STUDENT DISCOUNT 5% off combined tuition not including additional services.

## **Full Day Tuition Payment Schedule**

## **Half Day Tuition Payment Schedule**

	3 Days	5 Days
Annual Tuition	\$7,800	\$11,890
Less Deposit	-\$500	-\$500
Tuition Balance	\$7,300	\$11,390
Plan A- Quarterly +\$40 fee	<u>\$7,340</u>	<u>\$11,430</u>
Amount Due on the 1st of	<b>\$1,835</b>	\$2,857.50
April, June, August, October		
Plan B- 9 Months +\$90 fee	<b>\$7,390.00</b>	\$ <u>11,480.00</u>
Amount Due on the 1st of	<b>\$821.11</b>	<b>\$1,275.55</b>
<u>April 2024 - December 2024</u>		
With Enrichments	\$9,120.00	\$13,500.00
<u>Less Deposit</u>	-\$500.00	<u>-\$500.00</u>
Tuition Balance	\$8,620.00	\$13,000.00
Plan A- Quarterly +\$40 fee	<u>\$2,165.00</u>	\$3,260.00
Plan B- 9 Months +\$90 fee	<b>\$967.77</b>	<b>\$1,454.44</b>

	2 Days	3 Days	5 Days
Annual Tuition	\$3,900	\$5,020	\$7,060
Less Deposit	-\$500	-\$500	-\$500
Tuition Balance	\$3,400	\$4,520	\$6,560
Plan A- Quarterly +40 fee	<u>\$3,440</u>	<u>\$4,560</u>	<u>\$6,600</u>
Amount Due on the 1st of April, June, August, October	<u>\$860</u>	<u>\$1,140</u>	<u>\$1,650</u>
Plan B- 9 Months +\$90 fee	<u>\$3,490</u>	<u>\$4,610</u>	<u>\$6,650</u>
Amount Due on the 1st of April 2024 - December 2024	<u>\$387.77</u>	<u>\$512.22</u>	<u>\$738.88</u>
Mid-Year Enrollment Monthly Tuition	<u>\$460.00</u>	<u>\$590.00</u>	<u>\$810.00</u>

## **Choose a Payment Plan**

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$\square$ Pay in Full		Plan A Quarterly 4 Payments	☐ Plan B 9 Monthly Payments	
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	<u>20</u>	24-2025 Tuition Agreeme	<u>ent</u>	
Please initial on the line next to each statement				
	the \$500 deposit and my program for any reason.		re <u>non-refundable</u> if I decide to withdraw	
		w my child, I may not be ent ess my child's spot is filled	itled to a refund of my remaining tuition	
		O days in advance in writing in the sent of those 30 days.	f I chose to withdraw my child from the	
			vice selected on the indicated due dates of neur if payment is past due	
I understand that	I may not reduce my chil	ld's days, hours, or services a	after October 15 <sup>th</sup> , 2024	
In signing below, I agree to abide by all financial and school policies in this agreement.				
Child:	DOB:	Address:		
Parent/Guardian I	Name: (please print)			
Parent/Guardian S	Signature:		Date:	