



ENROLLMENT/PAYMENT AGREEMENT

Program: School Age or 2.5-5 year old Preschool **START DATE** _____

Child Name _____ Gender _____ Date of Birth _____ Age _____

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Address _____ City _____ Zip _____

Allergies _____ Restrictions _____

Parent/Guardian: Mother _____ Father: _____

Mother: home phone _____ Cell Phone _____

Father: home phone _____ Cell Phone _____

Step Parents _____

Child living with _____

Mother email _____ Father email _____

Emergency contact name and phone number (not a parent) _____

WEEKLY SCHEDULE Please fill in the days/times. Start & End needed.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

MONTHLY/WEEKLY TUITION RATE- SECOND CHILD DISCOUNT 10% OFF OF FULL TIME ONLY

Child One \$ _____

Child Two \$ _____ **Child Three \$** _____ **TOTAL TUITION DUE \$** _____

I agree:

1. I have received a copy of the Parent Handbook. I have read and agree to all of the policies and procedures outlined in the Parent Handbook.
2. I understand that this agreement may be changed or cancelled with 2 full weeks written notice.
3. I understand that tuition rates may change with 2 full weeks written notice.
4. I agree to pay \$ _____ weekly/monthly.
5. I am aware that the center maintains a licensing notebook that contains reports from all licensing inspections, renewal inspections, special investigations, and corrective actions plans and I may review this material at any time.
6. I am the parent or legal guardian of the child/ren I am enrolling and understand that it is my responsibility to keep all information, authorization, required forms, and health records pertaining to my child/ren, current and up to date.

Parent/Guardian's Name (please print) _____

Parent/Guardian's Signature _____ Date _____