AGREEMENT

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF ADMISSION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF WITHDRAW: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHEDULE OF CARE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
| Arrival: | Arrival: | Arrival: | Arrival: | Arrival: |
| Departure: | Departure: | Departure: | Departure: | Departure: |

PAYMENTS AND FEES

The amount below is your WEEKLY FEE for the care that is outlined above. This payment is due the MONDAY of the week care is received. You may choose to pay your fees weekly, bi-weekly, or monthly. If you choose to pay on a bi-weekly or monthly basis you must pay the amount **before** the care is received.

FEE AMOUNT:\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Services to be provided as part of the fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extra services to be provided with an additional fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Persons designated for pick up:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Address | Phone | Relationship |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

\_\_\_\_ I/we hereby agree to the above contract and understand that upon signing this agreement I/we become solely responsible for payment of all charges made to this child’s account. This contract will remain valid and will include any tuition adjustments, annual or otherwise, for the duration of my child’s attendance at Little Desk Preschool, Inc.

\_\_\_\_ I/we received complete written program information at the time of enrollment (3270.121, 3280.121, 3290.121)

\_\_\_\_I/we agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (3270.124, 2380.124, 3290.124)

Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_