

COMPLETE KIDS CARE
ENROLLMENT CONTRACT

I am enrolling my child(ren) _____
Name Birthdate

Name Birthdate

I will pay an annual registration fee of \$75.00 for the first child, and \$150 for a family, due October 1 each year.

The best phone number to contact me is _(_____)_____.

The approximate time/hours of childcare will be _____AM to _____PM.

My child will attend the center the following days: M____T____W____TH____F____

It is important that you specify what days your child will be attending. Your tuition rate will be based on those days. *These items should be accurate, if on occasion you need to change the day, you must clear it with the office at least 24 hours in advance, scheduling of staff is based upon enrollment.

If you are requesting any changes in attendance, you must give us 2 weeks' notice in writing, and a new enrollment contract must be signed.

My weekly tuition will be \$_____.

Monthly Activity Fees will vary according to activities each month. Field trips will be extra and due the day of the field trip. _____ Initial

Two weeks' vacation will be granted to full-time students only after you have been continuously enrolled for one year. At that time you will be required to give us two weeks' notice for your vacation. _____ Initial

Tuition is due on MONDAY of each week. Payment is due on Monday, unless as noted above the first day is different than a Monday of your child's start day. Once tuition is paid there will be no refunds. You are required to pay for these services. If payment is not received prior to the child entering the center services will not be offered to the child. If payment is late a charge will be assessed of \$5.00 per day until payment is made. **No credit will be given for individual days your child does not attend for any reason.** _____ Initial

Part time is considered less than five hours per day. Full time is considered 6 to 10 hours/day. A \$5.00/hour fee will be added to your tuition for any child over ten hours in one day.

You may cancel at any time by providing a 2 week notice in writing to the Director. Reasons are not required. You will be required to pay for those 2 weeks. Vacation will not be applied as part of your 2 weeks' notice. _____ Initial

Mother/Guardian Social Security #: XXX-XX-_____ Drivers License # _____ State: _____
Father/Guardian Social Security #: XXX-XX-_____ Drivers License # _____ State: _____

I have read and agree to the information in the parent handbook, price sheet, and this contract.

Parent/Guardian Signature

Date

Director Signature

Date