

## ENROLLMENT AND FINANCIAL AGREEMENT FOR INFANTS

☐ New ☐ Reenrollment ☐ Renewing ☐ Information Update
Child's Last Name:Child's First Name:
Child's Age:Child's Date of Birth:Gender: Male
This agreement is for the time and days indicated below:
☐ Full Time - Monday, Tuesday, Wednesday, Thursday, Friday
Option 1: Up to One Month out — One week tuition is due at enrollment to hold spot
Option 2: Over One Month through Three Months out — Two weeks tuition is due at enrollment to hold a spot.
Option 3: Over Three Months through Six Months out — Three weeks tuition is due at enrollment to hold a spot. (A payment plan is available for Option 3)
<ul> <li>I intend to make tuition payments:</li> <li>☐ Weekly - every Monday</li> <li>☐ Monthly - The first Monday of each month. Billing is for 4 or 5 weeks depending on how many Mondays are in the month.</li> </ul>
I intend to make payments via:  ☐ ACH - an electronic authorization form will be sent to you.  ☐ Check ☐ Cash or Money Order
Enrollment Date:Start Date:

Enrollment requires the enrollment fee of \$90 plus one week's tuition to hold a spot. This amount is non-refundable.

	circle one):
Home Address:	
-	Mother's/Father's/Guardian's SS#:
Employer:	
Employer Address:	
Home Telephone #:	Work Telephone #:
Cell/Mobile #:	Email Address:
Mother/Father/Guardian (c	circle one):
Home Address:	
	Mother's/Father's/Guardian's SS#:
Employer:	
Employer Address:	
Home Telephone #:	Work Telephone #:
Cell/Mobile #:	Email Address:
How did you hear about us?	
nat the Parent's Handbook contain	that I have thoroughly read this agreement and that I understand it. I also understand as further information about fees which may be charged and policies regarding care at center in writing of any changes to the information contained in this agreement.
Mother's/Guardian's Signature:	
ather's/Guardian's Signature:	
rogram Tuition:	Enrollment Fee:\$90 (nonrefundable)
Cotal Amount Paid:	Date Paid:

## PAYMENT PLAN (for Option 3: over 3 Months - 6 Months on hold) One week's tuition is due each month for three months beginning with the month in which enrollment occurred.

Month One - at Enrollment	A	
Date paid:	Amount paid:	
Parent Signature:		
Month Two:		
Date Paid:	Amount paid:	
Parent Signature:		
Director's Signature:		_
Month Three:		
Date Paid:	Amount paid:	
Parent Signature:	_	
Director's Signature:		