Enrollment Agreement

Child’s Name: Click here to enter text.

Will Attend: Choose an item.

|  |  |
| --- | --- |
| Days Attending | Time Attending |
| Monday | Click here to enter text. |
| Tuesday | Click here to enter text. |
| Wednesday | Click here to enter text. |
| Thursday | Click here to enter text. |
| Friday | Click here to enter text. |

Rates:

Full Time $160/week

Part Time $130/Week

I understand that I am required to submit my weekly payment in advance, on the Friday before the upcoming week, by 11:00 AM.

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

Signature of Parent/Guardian Date