



## POLICIES & PARENT CONTRACT

Effective 7/1/17

Parents' or guardians' names: \_\_\_\_\_

\_\_\_\_\_

Name of Child or Children: \_\_\_\_\_

\_\_\_\_\_

Amount of weekly tuition (to be paid in advance every Monday): \$ \_\_\_\_\_

(2<sup>nd</sup> child if applicable): \$ \_\_\_\_\_

Parents' and/or guardians' signatures: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_