

Great Beginnings Daycare
Tuition Contract

Application Date

Start Date

_____ is enrolled in the _____ program and will attend the center on:
M T W T H F (CIRCLE DAYS) FULL TIME/PART TIME(CIRCLE ONE). At the time of registration, a yearly registration fee is due, along with the last week's tuition in the amount of \$ _____.

I understand this deposit will be applied to my child's last payment provided I give one month's written notice informing Great Beginnings of the date my child will be withdrawn. If no notice is given, I will be responsible for payment for my child's last week of attendance. Refunds will not be given in case of cancellation. **This is a non refundable deposit. Your child must start on their scheduled start date or you are required to begin making payment to Great Beginnings to continue holding a spot. We have the right to fill your spot if payments are not made.**

Tuition is \$ _____ per week to be paid in a **monthly or weekly (circle basis)**. I agree to pay on or before the scheduled due date or daily late charges of **(\$5.00 per day)** will be added.

This fee includes the cost of care, snacks and transportation (if applicable). Parents will supply lunch, bottles, diapers and wipes.

_____ will arrive at _____ and depart at _____ and is usually accompanied by _____. He/She may only be released to _____.

At this time I wish to enroll my child in Great Beginnings Daycare. I have read the Parent Handbook and I understand the policies and procedures and agree to abide to them. If at any time I fail to comply with Great Beginnings policies, I understand my child's enrollment may be terminated.

Parent/Guardian

Date

Parent/Guardian

Date

Authorized Signature

Date

Payment received Check #

Date