Laurel Academy Early Learning Center
Financial Agreement

Enrolling Child Information:

Child's Name: _____

Date of Birth: _____ Male / Female (circle one)

Parent / Guardian Information

Parent Name: _____ Mother / Father (circle one)

Address: _____

Email: _____ Phone: _____

Parent Name: _____ Mother / Father (circle one)

Address: _____

Email: _____ Phone: _____

Payment

Classroom (circle one) Infant Toddler Preschool / Pre-Kindergarten

Desired attending date: _____

THE CENTER MAINTAINS REGULAR HOURS OF OPERATION. IN ORDER TO SCHEDULE STAFF AND KEEP OUR CENTER RUNNING SMOOTHLY, PLEASE SPECIFY YOUR CHILD'S SCHEDULE AS BEST AS POSSIBLE:

Attendance Days (circle all that apply) All Monday Tuesday Wednesday Thursday Friday

Arrival time: _____ Pick up time: _____

Enrollment Deposit Amount: $_____ Check #: _____ Paid Date: _____

(Deposit is a NON-REFUNDABLE holding fee of one-week tuition, but will be used for your first week of tuition)

By signing this contract, I understand and agree:

My child _____ is enrolling as a student at Laurel Academy Early Learning Center. I understand that my deposit of one-week tuition will be applied to my first tuition billing statement. The deposit will be forfeited if I do not go forward with Laurel Academy Early Learning Center.

I agree to be responsible for the tuition payment as of the start date on this financial agreement and according to the tuition rate schedule in order to hold my child's enrollment spot at Laurel Academy Early Learning Center. Due to cost of living increases, weekly childcare fees may increase per child per year.

Tuition is paid bi-weekly and paid for a two-week period of care. All tuition payments must be received the Friday before the start date of the two-week period of care.

By signing this form, I (the parent) hereby acknowledge that I (the Parent) am aware of the conditions stated in the *Financial Agreement* and agree to abide by the above requirements.

_____

Signature of Parent / Guardian Date Relationship to child

_____

Signature of Provider Date