



CRYSTAL DAY CARE

ENROLLMENT RESERVATION

Child's Name: _____ Date of Birth: ____/____/____

Please indicate the days you want to enroll your child:

Monday___ Tuesday ___ Wednesday ___ Thursday___

Start Date: _____ Finish Date: _____
(Minimum of three months)

In signing this contract I/we _____ agree to pay \$55/full day____. (Print your name)

I understand that tuition is due in advance and that payment is made regardless of absence. Tuition is due for the entire month by the 5th. I understand that I must pay for all scheduled days. I understand that extra days, overtime and late fees must be paid by the current month's end, and that my child wont be able to attend until the balance is paid. If tuition is not received by the 5th of each month I will be charged \$10.00 per day late fee charge that will accrue until payment is received.

If my child is sick I will make other childcare arrangements and I will call to notify the center that my child will not be coming.

I will give a two-week notice to request vacation days, make a schedule change or to withdraw from the program otherwise the deposit will be forfeited. If I withdraw my child from the program prior to the third month period the deposit will also be forfeited.

With this signed enrollment request I will make a two-week deposit, based upon the number of days my child is attending.

Parent Signature

Today's Date

Parent Signature

Amount of Deposit \$ _____