

BROOKLAKE

CHILDCARE & LEARNING

FINANCIAL CONTRACT

ENROLLING PARENT(S) OR GUARDIAN

NAME(S): _____

STREET ADDRESS: _____ APT: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

NAME OF CHILD: _____

BIRTHDAY: _____

I HAVE READ AND UNDERSTAND THE REGISTRATION FEE, TUITION RATE SHEET AND PAYMENT PROCEDURES.

I AM CONTRACTING WITH BROOKLAKE CHILDCARE & LEARNING FOR CARE OF MY CHILD(REN) ON THE FOLLOWING DAYS AND HOURS:

DAYS: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

HOURS: FROM: _____ TO: _____

I AGREE TO PAY THE FOLLOWING RATE:

1ST CHILD \$ _____ (DAILY, WEEKLY, MONTHLY, BI-MONTHLY)

BI-MONTHLY DATES: _____ & _____ OF EACH MONTH

MY CHILD(REN) WILL START CARE ON: _____

AMOUNT PAID TODAY:

ENROLLMENT FEE: \$ _____ MATERIAL FEE: \$ _____

PARENT SIGNATURE: _____

PARENT SIGNATURE: _____

DATE: _____