



Center Based BASP Financial & Enrollment Agreement
 LITTLE CLIPPERS CHILD DEVELOPMENT CENTER LLC
 TIFFIN, IOWA 52340

Parent/Guardian: _____ Date: ____/____/____

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

This form is intended for enrollment in the BASP for children entering Kindergarten-5th grade.

Circle School Child Attends: **Oxford Elem. | Tiffin Elem. | Oak Hill Elem.**

Circle Schedule: **Before School | After School | Before and After School**

Circle Payment Preference: **Monthly | Weekly** Tuition Amount: _____

Parent/Guardian: _____

Address: _____

Cell Phone: _____ Provider: *Sprint Verizon US Cellular Other:* _____

Email: _____

Parent/Guardian: _____

Address: _____

Cell Phone: _____ Provider: *Sprint Verizon US Cellular Other:* _____

Email: _____

**Tuition must be paid using automatic withdraw (ACH)*

** Tuition payments can be made either monthly on the 1st or weekly on Monday.*

Full payment for Tuition is due **REGARDLESS of illness, vacations, holidays, or unexpected closing.*

**A \$25.00 NSF fee will be added to all automatic withdraw returns.*

****A 30-day notice must be submitted in writing to change or terminate this contract.***

There is a \$50.00 (\$25 for returning children) **Non-Refundable (per child) registration fee that must accompany this application.*

I hereby acknowledge that I have read, understood, and will comply with the terms and conditions listed above as provided by Little Clippers Child Development Center, LLC.

Parent Signature: _____ Date: _____

Admin Signature: _____ Date: _____

Registration Fee Amount: _____ Paid On: _____