



Summer Program 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: _____

Circle School Location: **Tiffin Elementary** | **Little Clippers School Age Building**

(June 10-Aug 16)

(June 4-Aug 23)

Circle Enrollment Months: **June** | **July** | **August**

*Please see Summer Tuition Rate Sheet for monthly pricing.

Full monthly tuition for each month is due, regardless of illness, vacation or holiday.

No vacation credit will be offered for the 2019 Summer Program.

Enrollment is based on monthly blocks; no part time rates will be available.

Mother/Guardian: _____

Address: _____

Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Father/Guardian: _____

Address: _____

Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

*** Tuition is due on the 1st of the month.**

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

***A \$5.00 per day late fee will be added to payments not received by 6:00 p.m. by the 5th of month.**

***A \$25.00 NSF fee will be added to all returned checks.**

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

*There is a \$50.00 **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.

Signature: _____ Date: _____

Admin Signature: _____ Date: _____

Registration Fee Amount: _____ Paid On: _____ Payment Method: _____