



Summer Program Financial Agreement

LITTLE CLIPPERS CHILD DEVELOPMENT CENTER LLC
TIFFIN, IOWA 52340

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

Circle School Location: **Amana Elem.** **Tiffin Elem.** **Little Clippers Center**

Desired Start Date: _____ Weekly Fee: _____

All tuition is paid weekly - Please circle one option

Full-Time: 4-5 Days \$155 | **Part-Time:** 3 Days \$115 | **Part-Time:** 2 Days \$80

*If Part-Time circle which days attending (2 or 3 Days): **M T W T H F**

Mother/Guardian: _____
Address: _____
Home Phone: _____ Alternate Phone: _____
Employer: _____ Work Phone: _____

Father/Guardian: _____
Address: _____
Home Phone: _____ Alternate Phone: _____
Employer: _____ Work Phone: _____

- * The weekly tuition is due each Monday or first day your child attends each week.**
- *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.**

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: _____
Signature: _____ Date: _____

Amanda Rairden Owner/Director or Jennie Kleinmeyer Assistant Director

Deposit Amount: _____ Paid On: _____
Received On: _____