

School Age Summer Program Financial & Enrollment Agreement LITTLE CLIPPERS CHILD DEVELOPMENT CENTER LLC TIFFIN, IOWA 52340

Parent/Guardian:			Date:	/	
Child's Name:	Date of Bir	th: /	/ Grade	e Entering:	:
Child's Name:	Date of Bir	th: /	 / Grade	e Entering:	:
Child's Name:					
This program is avail	able for children enterin	g 1 st to 6 th	grade (202	2/2023)	
Location: Little Clippers Sch	ool Age Building				
Circle Enrollment Months:	June July	August	:		
	credit will be offered for the 2 ed on monthly blocks; no part mmer in full, you will receive paid no later than May 26	time rates a 5% discou	will be availab), must be
Mother/Guardian:					
Address:					
Cell Phone:		Verizon	US Cellular	Other:	
Email:					
Father/Guardian:					
Address:					
Cell Phone:		Verizon	US Cellular	Other:	
Email:					
* Tuition is due on the 1 st program en *Full payment for Tuition is due <u>REGA</u> *A \$5.00 per day late fee will be adde *A \$25.00 NSF fee will be added to all *A 30-day notice must be submitted i	ARDLESS of illness, vacations, ed to payments not received in large larg	by 6:00 p.m	. by the 5th of	_	
*There is a \$50.00 Non-Refundable	(per child) registration fee th	at must acc	ompany this a	pplication.	
I hereby acknowledge that I have rea as provided by Little Clippers Child I		ply with the	e terms and co	onditions lis	ted above
Signature:			Dat	e:	
Admin Signature:			Dat	e:	
Registration Fee Amount:	Paid On:	Paymen	t Method:		