



# Little Clippers Financial Agreement

LITTLE CLIPPERS CHILD DEVELOPMENT CENTER LLC  
TIFFIN, IOWA 52340

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Classroom(s): \_\_\_\_\_

## WEEKLY ATTENDANCE SCHEDULE

Circle Schedule: **Full-Time** or **Part-Time**

If part-time circle days your child will attend: M | T | W | Th | F

*\*\*\*Part-time days must remain the same for each week and decided at the time of enrollment*

**Desired Start Date:** \_\_\_\_\_ **Total Weekly Fee:** \$ \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\*Full payment is due regardless of illness, vacation, holidays or unexpected closings.

\*A two week deposit is required and must be turned in before the child's start date.

\*A \$5.00 per day late payment charge will be added to payments not received by 6:00 p.m. on the 5<sup>th</sup> (paid monthly) or Wednesday (paid weekly).

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

\*A child's attendance schedule CANNOT vary from week to week. Days must be picked out at time of enrollment and must follow this financial agreement as they are stated above.

\*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.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_ Paid On: \_\_\_\_\_ Received On: \_\_\_\_\_