

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

Child's Name: Date of Birth: / Grade Entering: Start Date: Employer: Grade Entering: Date of Birth: / Grade Entering: Circle BASP Location: Amana Oxford Tiffin Oak Hill North Bend Circle Schedule: Before School After School Before and After School Mother/Guardian:	Parent/Guardian:		Date:/ /
This form is intended for enrollment in the Little Clippers School Based School Age BASP Circle BASP Location: Amana Oxford Tiffin Oak Hill North Bend Circle Schedule: Before School After School Before and After School Monthly Tuition:	Child's Name:	_ Date of Birth: /	/Grade Entering:
Circle BASP Location: Amana Oxford Tiffin Oak Hill North Bend Circle Schedule: Before School After School Before and After School Monthly Tuition:	Start Date:	_	
Circle Schedule: Before School After School Before and After School Monthly Tuition:	This form is intended for enrollment in t	he Little Clippers Schoo	l Based School Age BASP
Monthly Tuition: Mother/Guardian: Address: Cell Phone: Email: Employer: Work Phone: Father/Guardian:	Circle BASP Location: Amana Oxfo	ord Tiffin Oak	Hill North Bend
Mother/Guardian: Address: Cell Phone: Email: Employer: Work Phone: Father/Guardian:	Circle Schedule: Before School	After School Be	fore and After School
Address:	Monthly Tuition:		
Address:	Mother/Guardian:		
Cell Phone: Email: Employer: Work Phone: Father/Guardian:			
Employer: Work Phone: Father/Guardian:			
Father/Guardian:			
Address:		Work Fridine.	
Address:	Father/Guardian:		
Cell Phone: Email: Employer: Work Phone: * BASP tuition is due on the 1 st of each month. August tuition is due on the 1 st day of school. * Tuition must be paid using either automatic withdraw (ACH) or the online Parent Portal *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 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:			
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	conditions listed above as provided by L	little Clippers Child De	velopment Center, LLC.
Admin Signature:Date:AAte	Parent Signature:		Date:
	Admin Signature:		Date:

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