



# School Based BASP 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: \_\_\_\_\_

Start 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: \_\_\_\_\_

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

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

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

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

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

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

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

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

**\* BASP tuition is due on the 1<sup>st</sup> of each month. August tuition is due on the 1<sup>st</sup> 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: \_\_\_\_\_ Date: \_\_\_\_\_

Admin Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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