Parent/Guardian:	Date: /
Child's Name:	Date of Birth:/
	Date of Birth:/ Grade Entering:
Start Date:	
This form is intended for enrollment in	the Little Clippers Center Based School Age BASP
Circle School Child Attends: Oxfo	ord Tiffin Oak Hill
Circle Schedule: Before School After	er School Before and After School
Circle Payment Preference: Monthly Weekly Tuition Amount:	
Mother/Guardian:	
Address:	
Cell Phone:	Email:
	Work Phone:
Father/Guardian:	
Address:	
Cell Phone:	Email:
	Work Phone:
*Tuition must be paid using either <u>automatic withdraw (ACH)</u> , the <u>online Parent Portal</u> or <u>Personal Check</u> * Tuition payments can be made either monthly on the 1 st or weekly on Monday. *Full payment for Tuition is due REGARDLESS of illness, vacations, holidays or unexpected closing. *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.	- Returnable (per child) registration ree that must accompany
•	understood and will comply with the terms and Little Clippers Child Development Center, LLC.
Parent Signature:	Date:
Admin Signature:	Date:

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