



Summer Program 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: _____

Circle Enrollment Months: **June | July | August**

Full monthly tuition is to be paid regardless of illness, vacation, or holiday.

Enrollment is based on monthly blocks; no part time rates will be available.

Parent/Guardian: _____

Address: _____

Cell Phone: _____ Provider: *Sprint Verizon US Cellular Other:* _____

Email: _____

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Address: _____

Cell Phone: _____ Provider: *Sprint Verizon US Cellular Other:* _____

Email: _____

**Tuition must be paid using automatic withdraw (ACH)*

** Tuition is due on the 1st of the month.*

**Full payment for Tuition is due REGARDLESS of illness, vacations, holidays or unexpected closing.*

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

****A 30-day notice must be submitted in writing to change or terminate this contract.***

There is a \$50.00 **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.

Signature: _____ Date: _____

Admin Signature: _____ Date: _____

Registration Fee Amount: _____ Paid On: _____