



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 School Location: **Tiffin Elementary** | **Little Clippers School Age Building**

Entering 1st-6th grade

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

*Please see Summer Tuition Rate Sheet for monthly pricing.

No vacation credit will be offered for the 2020 Summer Program.

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

Mother/Guardian: _____

Address: _____

Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Father/Guardian: _____

Address: _____

Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

*** Tuition is due on the 1st program enrollment day of the month.**

***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 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: _____ Payment Method: _____