

Financial Agreement

Little Clippers Development Center

Tiffin, IA 52340

Name of Child: Date of Birth:

Classroom: Weekly Fee:

Desired Date of Enrollment:

**Weekly Attendance Schedule**

 Monday Tuesday Wednesday Thursday Friday

Hours:

Total Hours:

Mother/Guardian:

Address:

Home Phone: Alternative Phone:

Father/Guardian:

Address:

Home Phone: Alternative Phone:

Full payment is due regardless of illness, vacation, holidays or unexpected closings.

\***A $5.00 per day late payment charge will be added to payments not received by 6:00 p.m. on the day they are due.**

**\*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.**

Signature: Date:

Signature: Date:

Signature: Date:

 Amanda Rairden Owner/Director

Deposit Amount: Paid on:

Received On: