



BASP Financial Agreement

LITTLE CLIPPERS CHILD DEVELOPMENT CENTER LLC
TIFFIN, IOWA 52340

Name of Child: _____ Date of Birth: ____/____/____

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Circle BASP Location: **Amana** | **Tiffin** | **North Bend** | **Oxford** | **Little Clippers Center**

WEEKLY ATTENDANCE SCHEDULE

Circle Schedule: **Before School** **After School** **Before and After School**

Desired Start Date: _____ **Total Monthly Fee:** _____

Mother/Guardian: _____

Address: _____

Cell Phone: _____ Alternate Phone: _____

Employer: _____ Work Phone: _____

Father/Guardian: _____

Address: _____

Cell Phone: _____ Alternate Phone: _____

Employer: _____ Work Phone: _____

*** BASP tuition is due on the 1st of each month.**

Tuition must be paid using either automatic withdraw (ACH) or the online Parent Portal for the following BASP locations: **Amana, Oxford, Tiffin and North Bend.*

***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.**

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: _____

Deposit Amount: _____ Paid On: _____ Received On: _____