



Center Based BASP 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: _____

Start Date: _____

This form is intended for enrollment in the Little Clippers Center Based School Age BASP

Circle School Child Attends: **Oxford | Tiffin | Oak Hill**

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

Circle Payment Preference: **Monthly | Weekly** Tuition Amount: _____

Mother/Guardian: _____

Address: _____

Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Father/Guardian: _____

Address: _____

Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

**Tuition must be paid using either automatic withdraw (ACH), the online Parent Portal or Personal Check*

** Tuition payments can be made either monthly on the 1st 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.*

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: _____

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