



School Age 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: _____

Location: Little Clippers School Age Building

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

\$750 \$750 \$625

No vacation credit will be offered for the 2021 Summer Program.

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

If you choose to pay for the entire Summer in full, you will receive a 5% discount. This amount, \$2,018.75, must be paid no later than May 28th 2021

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: _____