



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: ____
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This form is intended for enrollment in the BASP for children entering Kindergarten-5th grade.

Circle School Child Attends:

Oxford | Tiffin | Oak Hill | East Ridge | Amana MAGNET (Kind-1st)

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

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

Parent/Guardian: _____
 Address: _____
 Cell Phone: _____ Provider: *Sprint Verizon US Cellular Other:* _____
 Email: _____

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 Address: _____
 Cell Phone: _____ Provider: *Sprint Verizon US Cellular Other:* _____
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- *Tuition must be paid using automatic withdraw (ACH)*
- * 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: _____