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| **A close up of a logo  Description generated with very high confidenceDeposit Agreement Form**Site:  |
| child and parent/guardian information |
| Child’s Name  | Child’s DOB  | Child’s Gender M F |
| First Parent/Guardian’s Name | Address | City | ZIP |
| First Phone Number Cell Home Work | Second Phone Number Cell Home Work |
| Email: |
| Second Parent/Guardian’s Name | Address | City | ZIP |
| First Phone Number Cell Home Work | Second Phone Number Cell Home Work |
| Email: |
| **CHILD’S PLANNED ATTENDANCE**  |
|  Infant, Toddler, Preschool, SA Full-time or Part-time\*: (circle days attending) M T W TH F Typical Hours of Attendance are: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am/pm to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am/pm\*Please speak to the director regarding part-time availability  |
| **DEPOSIT TERMS & CONDITIONS** |
| 1. A $100 non-refundabe deposit may reserve a space in the program for a perspective enrollment date, to be used to be added to a waiting list or to reserve your child’s spot for an extended leave of 4 consecuative weeks or more.
2. Space is not guaranteed.
3. If the family wishes to change or extend the enrollment date by more than 10 business days after the prospective enrollment date another $100 deposit must be provided.
4. The deposit may be applied towards the $100 registration fee due upon enrollment.
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| **PERSPECTIVE ENROLLMENT DATE** |
| I would like to reserve a space in the following program: Infant Toddler Preschool School AgeI would like my child to start on or by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I understand that if I wish to extend the start date past 10 business days of the above date it will require an additional deposit of 100.00.I am paying the deposit by: cash check electronic payment ($5 processing fee applies) |
| **Parent Signature:**  | **Date:** |
| **Staff Signature:** | **Date:** |