

Financially Agreement

Please fill out in full detail.

Date of Enrollment: _____

Financially – Responsible Party

Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Best Contact Number: _____ Best Email Address: _____

1st Child Information

Child's Name: _____ Nickname: _____ Date of Birth: _____

Schedule (please circle days): M T W TH F Hours: _____

Weekly Tuition: _____

2nd Child Information

Child's Name: _____ Nickname: _____ Date of Birth: _____

Schedule (please circle days): M T W TH F Hours: _____

Weekly Tuition: _____

3rd Child Information

Child's Name: _____ Nickname: _____ Date of Birth: _____

Schedule (please circle days): M T W TH F Hours: _____

Weekly Tuition: _____

Discounts

Little Sprouts Learning Center offers the following discount for those who qualify (one discount per family). Please check up to one discount, if applicable:

- Active Duty Military (10% off total tuition)
- First Responders (10% off total tuition)
- Teacher (10% off total tuition)
- Siblings (10% off oldest child)
- CCCAP

Total Family Tuition

Total Weekly Family Tuition: _____ Discount (if applicable): _____

Total Weekly Tuition: _____

Annual Registratioin Fee: _____ Date Paid: _____

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Financial Agreement

Please initial by each

_____ _____ Tuition is due Friday for the following week.
_____ _____ A \$30 late fee will be added to your account for any late payments.
_____ _____ If payment is not made by the following Tuesday, your account will
_____ _____ be suspended until it is current. **CHILD(REN) MAY NOT
ATTEND UNTIL ACCOUNT IS CURRENT.**
_____ _____ Holidays and sick days are included in tuition.
_____ _____ After 90 days of enrollment we offer 1 week vacation and 1 week
_____ _____ half price per child.
_____ _____ Registration fees are subject to change and are due annually.
_____ _____ Little Sprouts Learning Center requires 2 weeks written notice if
_____ _____ you withdraw for any reason. Vacation time will not be considered
_____ _____ for the 2 week notice.
_____ _____ Limit one (1) discount per family.

CCCAP Only

Please initial by each

_____ _____ CCCAP parent fees are due in the 1st of every month.
_____ _____ The parent/guardian is responsible for knowing if the CCCAP
_____ _____ parent fee changes.
_____ _____ A \$30.00 late fee will be added to your account for any late
_____ _____ payment.
_____ _____ CCCAP approves 2 absences per month. If you have more than 2
_____ _____ absences per month, you will be financially responsible for the days
_____ _____ missed.
_____ _____ CCCAP cards must be swiped daily when your child(ren) are
_____ _____ dropped off and picked up.
_____ _____ Little Sprouts Learning Center does not allow previuose chek-in or
_____ _____ previous check-out.
_____ _____ The parent/guardian is financially responsibe for anything that
_____ _____ CCCAP does not pay due to missed swipes or absences.
_____ _____ If you lose your card, ou muct notify your CCCAP worker and
_____ _____ LSLC immediately.

Parent/Guardian Signatures:

_____ **Date:** _____

Print Name: _____

_____ **Date:** _____

Print Name: _____