

Financial 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
- ☐ Universal Preschool
- ☐ Child Care Aware

Total Family Tuition

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

Total Monthly Tuition: _____

Annual Registration Fee: _____ Date Paid: _____

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Please initial by each

Monthly: Due by the 3rd for the paid in full discount (\$25).

Bi-weekly: Due every other Friday.

Weekly: 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 3 absences per month. If you have more than 3
absences per month, you will be financially responsible for the days
missed.

_____ Child(ren) must be checked in/out on the CCCAP portal when
dropped off and picked up.

_____ Little Sprouts Learning Center does not allow previous check-in or previous check-out.

_____ The parent/guardian is financially responsible for anything that CCCAP does not pay due to missed checking in/out or absences.

Parent/Guardian Signatures:

Date: _____

Print Name: _____

Date: _____

Print Name: _____