

Shining Stars Preschool 3 year old class Agreement

Contract

| | | | |
|--|---|--|----------|
| Child's Name: | First | Middle | Last |
| Parent or Guardian Name: | First | Middle | Last |
| Parent or Guardian Name: | First | Middle | Last |
| Days and Times my child will attend preschool: | | | |
| Check Which Class: | | | |
| <input type="radio"/> Tuesday and Thursday from 9:30-12:00 | | | |
| | | | |
| Fee: \$135 per month | | Date Payment due: by the 8 th of each month | |
| Type of Payment: Check one | <input type="radio"/> Cash | <input type="radio"/> Check | |
| Overtime rate: \$5 per min | Late Fee \$20 per day after the 8 th of each month | | |
| Other Fees: \$75 yearly registration fee plus \$10 for preschool t-shirt | | | |
| Description: this goes towards supplies for the year and a Shining Stars Preschool t-shirt | | | |
| I agree to promptly notify Shining Stars Preschool of any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated. I have read, understand, and agree to comply with the policy, procedures and information for parents given to me by Shining Stars Preschool, Shannon McComb | | | |
| Parent of guardian Signature | Date | Parent of guardian Signature | Date |
| | | | |
| I agree to provide preschool services according to the above plan. I agree to promptly notify parents or guardians of any changes to the above information | | | |
| Licensee signature | | Date | |
| <i>Shannon J McComb</i> | | | |
| Street Address | City | State | Zip code |
| 16617 N Cincinnati Ct | Spokane | Washington | 99208 |
| Comments: | | | |