

# Shining Stars Preschool 4 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"/> Monday, Wednesday, Friday from 9:30-12:00			
<input type="radio"/> Monday, Wednesday, Friday from 12:30-3:00			
Fee: \$175 per month		Date Payment due: by the 8 <sup>th</sup> of each month	
Type of Payment: Check one	<input type="radio"/> Cash	<input type="radio"/> Check	<input type="radio"/> Direct Deposit
Overtime rate: \$5 per min	Late Fee \$20 per day after the 8 <sup>th</sup> of each month		
Other Fees: \$65 yearly registration fee			
Description: this goes towards supplies for the year			
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 L McComb</i>			
Street Address	City	State	Zip code
16617 N Cincinnati Ct	Spokane	Washington	99208
Comments:			