

SCHEDULING & PAYMENT AGREEMENT

My child(ren): _____

will attend the following days and times beginning _____
(times are approximate):

Monday	Tuesday	Wednesday	Thursday	Friday
IN	IN	IN	IN	IN
OUT	OUT	OUT	OUT	OUT

The bi-weekly rate for my child(ren)'s attendance is: _____

I understand that my payments are due bi-weekly on Mondays (per payment schedule).

I have read and agree to abide by the aforementioned policies.

Parent Signature _____ Date _____

Director Signature _____ Date _____