



# Adventure Center

## Enrollment Contract

I choose to enroll my child on the following days and times:

Day	Mon.	Tues.	Wed.	Thur.	Fri.
10 hour block					
Expected drop off & pick up times					

## Monthly Tuition Calculator

Weekly Rate: \_\_\_\_\_ Deposit: \$0.00  
Non-  
Annual Rate: \$0.00 Refundable  
Registration : \$0.00  
Monthly Rate: \$0.00 1<sup>st</sup> Month \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Room # \_\_\_\_\_ Start Date \_\_\_\_\_

- I agree to abide by all of the terms set forth on page 2 of this contract.
- I agree that when staff and parents work cooperatively and are mutually supportive, the best possible care and programs will be provided for all children.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_ Phone # \_\_\_\_\_