



## Enrollment Contract

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

Parent's Name(s): \_\_\_\_\_

Parent's Phone Number(s): \_\_\_\_\_

Child's schedule is as follows: (checked days state the child's attendance)

- Monday     Tuesday     Wednesday     Thursday     Friday  
 Full Day     Half Day     Before-School     After-School

**Tuition Rate:** \$\_\_\_\_\_ per day/week is due every Friday for the following week. Payments received on Monday are considered late and are subject to a \$5.00 late fee charge (per day). Payments can be made by cash, check, online by credit card, or automatic withdrawal from checking account. Please speak with your director for instructions and additional fees for online, credit card, and automatic withdrawal payments.

**Child's Start Date:** \_\_\_\_\_ Parent is responsible for payment as of this date regardless of completion of enrollment forms, however the child may not attend the center until all required NYS forms are submitted.

\_\_\_\_\_ \$35 = Registration

\_\_\_\_\_ = Deposit (Last Week's Tuition)

\_\_\_\_\_ = First Week's Tuition

\_\_\_\_\_ = Total Due

Paid with \_\_\_\_\_ check # \_\_\_\_\_

-----  
I \_\_\_\_\_, parent of \_\_\_\_\_, have read and understand the policies of Imagination Station and agree to pay weekly the stated amount above starting \_\_\_\_\_ for child care. I understand that I must give a full two (2) week notice to terminate my contract and I am responsible for payments during those two weeks. If I decide not to begin enrollment, the registration fee, security deposit and first week tuition will not be refunded.

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider's Name

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date