

Enrollment Contract
Faith Works Preschool & Childcare
11755 Bradley Blvd SE
Becker, MN 55308

Child _____ Birthdate _____ Home Phone _____

Address _____ City _____ Zip Code _____

E-mail Address _____ I would / would not like my receipts e-mailed.

Mother's Name _____ Cell Phone _____

Fathers Name _____ Cell Phone _____

Child lives with (circle one) Mom Dad Both Other _____

Address if different (Mom) (Dad) _____

Phone if different (Mom) (Dad) _____

_____ Fulltime 4+ Days (Full days) Usual Arrival Time: _____ Usual Pick-up Time: _____

_____ Part-time 2 Day Minimum (Circle days): Monday/Tuesday/Wednesday/Thursday/Friday

_____ Kindergarten RED Days _____ Before School _____ After School

_____ Kindergarten Blue Days _____ Before School _____ After School

Will you need care for your child during the summer months? Yes or No (circle one)

First Day of attendance _____ Any special drop off or pickup arrangements? _____

Is your child presently taking a nap? _____ How long? _____

Tuition

Non Refundable Registration Fee: \$30.00

Tuition: Tuition each week is \$ _____. I/We elect to pay tuition: (Circle one) Weekly / Biweekly / Monthly

First Payment of \$ _____ is due on _____.

*Students whose accounts are not paid on time may not be allowed to attend until payment is made.

**Fees cover all listed holidays. (See Handbook) Fulltime and Part-time children pay for all holidays the center is closed. We do not reduce or refund rates for missed days, vacation, sick, holidays or snow days.

I have read and agree to the school tuition policies. I understand that I must pay tuition for 2 weeks following written notification regardless of whether or not my child attends. I understand that 2 weeks written notification of schedule changes is also required. I am responsible for fees whether or not my child attends. Faith Works Preschool & Childcare may request withdrawal of my child if they determine that the program is an unsuitable match for my child. If Faith Works Preschool & Childcare finds it necessary to have my child withdraw for any reason, I am not responsible for any tuition beyond the day of withdrawal. I understand emergency/accidents occasionally happen, I release Faith Lutheran Church, Faith Works Preschool & Childcare and their staff of any liability and give them permission to act on my behalf in an emergency.

The undersigned agree that they are both jointly and separately responsible for full payment of tuition.

Mother's Name Printed

Father's Name Printed

Mother's Signature

Date

Father's Signature

Date