

Our Father's Childcare Enrollment Agreement

YEAR OF _____

Children's Information

Child's Name	Child's Date of Birth	Start Date
Child's Home Phone	School (If Applicable)	Weekly Tuition

Schedule of attendance (circle all): M T W Th F Typical Hours: _____ - _____

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Schedule of attendance (circle all): M T W Th F Typical Hours: _____ - _____

Account Name and Info

Father/Guardian's Name	Street Address	City, State, Zip
Home Phone	Work Phone	Cell Phone

Mother/Guardian's Name	Street Address	City, State, Zip
Home Phone	Work Phone	Cell Phone

Responsible Party for Billing: Father ____ Mother ____ Both ____ Other ____

I have had an opportunity to read and discuss the Parent Handbook, including the Tuition Rates, Minimum Enrollment requirements, and Late Payment Fees.

Signature _____ Date _____

Signature _____ Date _____