

Enrollment Agreement

Child's Name:		Date of Birth:				
Agreement Date:		Start Date		Classroom		
Parent/Guard	ian's e(s):					
Email:						
Parent/Guard	ian's e(s):					
Email:						
Days and	times my chi	ild will atten	d Samaritan I	Early Learnin	g Center:	
Days FD- Full day HD-Half Day	Monday FD/HD	Tuesday FD/HD	Wednesday FD/HD	Thursday FD/HD	Friday FD/HD	
Arrival Time						
Departure Time						
•	- up to 5 sched	duled hours be	tween 7:00 am tween 12:00 pm	-		
Infanta		<u>uition: 2021-</u>		Eight Voorg Old		
<u>Infants/Two's</u> Half Day (up to 5 hours per day)			<u>Three to Eight Years Old</u> Half Day (up to 5 hours per day)			
□ 5 days: \$135.00/week \$27/day			☐ 5 days: \$ 120.00/week \$24/day			
□ 4 days: \$ 116.00/week \$29/day			□ 4 days: \$	104.00/week	\$26/day	
□ 3 days: \$ 93.00/week \$31/day			☐ 3 days: \$ 84.00/week \$28/day			
-	.00/week \$35		□ 2 days: \$ 62.00/week \$31/day			
. ,	,			□ Afterschool \$18/day		
Full Day (up to	10 hours per da	ay)		(up to 10 hours		
□ 5 days: \$180	0.00/week \$3	6/day	□ 5 days: \$1	.60.00/week	\$32/day	
	2.00/week \$3	, •	• •	- ,	\$34/day	
□ 3 days: \$120	0.00/week \$4	o/day	□ 3 days: \$1	108.00/week	\$36/day	
□ 2 days: \$ 88	8.00/week \$4	4/day	•		\$39/day	
	_	_	□ LCSD No	School days	\$34/day	
	Payment Info					
Person(s) resp	onsible for bill	:				
Address:			G-11 1			
Home Phone:	a alsCl		Cell phone	; L		
Person(s) resp Address: Home Phone:	onsible for bill	:	Cell phone	:		