

FINANCIAL AGREEMENT

North Liberty, IA 52317

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Classroom: \_\_\_\_\_ Weekly Fee: \_\_\_\_\_  
Desired Date of Enrollment: \_\_\_\_\_

**Regular Attendance Schedule**

Monday Tuesday Wednesday Thursday Friday  
Hours: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Full payment is due regardless of sick or vacation days, holidays, or weather related closings.**

**A \$5.00 per day late payment charge will be added to payments not received by 6 p.m. on the day they are due. A \$20.00 NSF fee will be added to all returned checks.**

**A 30 day notice must be submitted in writing in order to change or terminate this agreement.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emily Millhollin- Owner/Director

Deposit Amount: \_\_\_\_\_ Paid on: \_\_\_\_\_

Received by: \_\_\_\_\_