



## Parent Agreement

Child's Name	Date of birth & age	Enrollment days/week	Days of attendance	Times of attendance	Multi-Child Discount	Tuition rate/week	Notes
Jane	01/08/12 (Infant)	5	M-F	7-5:30		\$289	
	<b>Family total/week</b>						

I understand the payment and schedule policies of Kids Crossing and agree to the schedule outlined above.

Enrollment begins on \_\_\_\_\_ This Agreement is in effect through \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

*Welcome to Kids Crossing!*