

KidsKare Early Learning Center

1822A Metzert Rd, Adelphi, MD 20783

Tel: (301) 434-5347

ENROLLMENT CONTRACT



_____ will attend KidsKare Early Learning Center
Child's Name

Beginning: _____
Day Month Year

Check One: _____ Full time from: _____ AM to _____ PM
 _____ Part time from: _____ AM to _____ PM

Please Circle Days: MO. TU. WE. TH. FR.

The weekly tuition charge for the child will be: _____

All tuition charges are payable in advance and due on Monday each week or the corresponding Monday for bi-weekly or monthly payers.

I have received a copy of the Day Care's Policies/Agreement and agree to follow them in their entirety. I agree to pay the amount due in advance for the time my child is enrolled. I understand that I may withdraw my child at any time by giving two weeks' notice to the Day Care Director.

_____ Paid: _____
Parent's Signature

_____ Cash: _____ Check#: _____
Date

Signature - Day Care Rep.

FOR DAY CARE USE ONLY

Date of Entrance: _____

Date of Withdrawal: _____