

BRIGHT BEGINNINGS LEARNING CENTER, LLC
CHILDCARE AGREEMENT



ALL INFORMATION MUST BE COMPLETED TO BEGIN THE ENROLLMENT PROCESS

Child's Name(s): _____

Birth Date: _____

Name: _____

Relationship to Child: _____ Address: _____

City: _____ State: _____

Zip: _____ Phone Number: (____) _____

Name: _____

Relationship to Child: _____ Address: _____

City: _____ State: _____

Zip: _____ Phone Number: (____) _____

Care will be provided for the following days and times:

M T W T F Circle all that apply Hours:

From _____ to _____

I agree to pay the weekly tuition rate of \$ _____, which is due on or before Friday for the upcoming week of care. I acknowledge that tuition payments are not adjusted or prorated for any missed days due to emergency closings, holidays, or illness. I also understand that the registration fee is required at the time of enrollment and is non-refundable.

Registration fee is \$100.00 (per child)

I agree to pick up my child by 5:30 p.m. There is a \$1.00 per minute fee for each minute after 5:35 p.m. After 5:45 pm the fee will increase to \$2.00 per minute. (abuse of after-hours care, may be cause for termination)

Print _____ Sign: _____

Date: _____

Provider Signature: _____ Date: _____