



## Enrollment Contract

### Child Information

Name	
Address	
City / State / Zip	
Date of Birth / Due Date	
Male / Female	
Program Applying For	
Start Date	

### Parent / Guardian Information

Mother's Full Name	
Address	
City / State / Zip	
Home Phone	
Cell Phone	
Employer	
Work Address & Phone	
Email	

Father's Full Name	
Address	
City / State / Zip	
Home Phone	
Cell Phone	
Employer	
Work Address & Phone	

Email	
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**Enrollment Information**

Full or Part time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Days (Check all that apply)	Monday	Tuesday	Wednesday	Thursday	Friday

**Additional Information**

How did you hear about LSA?	
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**Tuition**

Child's Name		Weekly Tuition	
Child's Name		Weekly Tuition	
Child's Name		Weekly Tuition	

**Total:**

I agree to pay the above tuition amounts weekly beginning on or before the Friday prior to the week of care. I acknowledge that the Registration Fee paid is non-refundable.

Have read and agree to all of the center policies and understand that I am to provide a 2 week written notice of intent to withdraw children and I am required to pay those two weeks whether or not children continue to attend.

I understand and agree to pay any fees applicable that are outlined on the second page of the rate sheet.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date