

TINY TREASURES PRESCHOOL ADMISSIONS AGREEMENT

180 WIKIUP DRIVE. SANTA ROSA, CA 95403
(707) 544-8469
Lic. #493002686

6170 Montecito Blvd.. SANTA ROSA, CA 95407
(707) 539-8469
Lic. #493005083

I agree to enroll my child: _____ at Tiny Treasures Preschool.

***This schedule will begin on:** _____

Please list the days and times that your child is scheduled to attend school:

***Monday:** _____ to _____

***Tuesday** _____ to _____

***Wednesday** _____ to _____

***Thursday** _____ to _____

***Friday** _____ to _____

I have received, read, and understand the attached handbook and agree to comply with all the rules and responsibilities stated within. _____

The charge for care of the child is \$_____ per week.

Your bi-weekly invoice (not including added days) will be \$_____

I agree to pay my child's normal weekly fee even if my child is not in attendance.

If any of the 8 holidays listed in the parent handbook fall on my child's normal care days they will be full paid days. _____

All forms must be fully filled out and returned before a child enters the program. _____

Your enrollment fee of \$50.00 is due prior to the care of your child. _____.

I agree to pay my invoice total promptly every two weeks or I will be subject to a \$20.00 per week late fee _____.

I agree to pick up my child by 5:45pm or I will be subject to a \$20.00 late fee _____

Please sign below if you agree with the information above.

(Parents signature)

(Parents signature)

(date)

