

Tiny Treasures Parent Agreement

Dear _____,

I have your child _____, scheduled for the following days and times. Beginning on: _____.

- MONDAY—

- TUESDAY—

- WEDNESDAY—

- THURSDAY—

- FRIDAY—

Your agreed upon weekly rate is _____.

You will be billed every two weeks, your invoice should be _____.

Your child has _____ free days for the 2010-2011 school year.

*Please sign below that you agree with the above information.

(parent's signature)

(parent's signature)