

# The Children in the Shoe



Childcare Centers and Preschools  
Bethesda & Olney

## ENROLLMENT AGREEMENT

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Start Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ home phone \_\_\_\_\_

Parent's name \_\_\_\_\_ work phone \_\_\_\_\_ e-mail \_\_\_\_\_

Parent's name \_\_\_\_\_ work phone \_\_\_\_\_ e-mail \_\_\_\_\_

Attendance Schedule:  Mon  Tues  Wed  Thurs  Fri  Drop-in

Payment Schedule: (select one) (full time = 5 days per week)

Weekly (full time and all part time children) Amount: \$ \_\_\_\_\_

Monthly in advance by the 1<sup>st</sup> of each month Amount: \$ \_\_\_\_\_

Daily (required for all drop- in care) Amount: \$ \_\_\_\_\_

**\*ALL PAYMENTS ARE DUE BY THURSDAY OF THE PAYMENT WEEK**

Registration Fee - a non-refundable registration fee of \$100.00 (\$75.00 for siblings) is required at the time of enrollment.

Date Received: \_\_\_\_\_

Enrollment Deposit - refundable upon withdrawal from program with a 2-week notice, if all other fees are up-to-date. (Not required for drop-in care).

Deposit Amount (1 week fee) \_\_\_\_\_ Date Received: \_\_\_\_\_

I \_\_\_\_\_ hereby enroll my child, \_\_\_\_\_, in *The Children in the*

*Shoe* center at  B-CC  East West Towers  Olney

and agree to abide by the terms above. In addition I agree to read the Parent Handbook and agree to comply with all policies and regulations.

Signed \_\_\_\_\_ date \_\_\_\_\_ Signed \_\_\_\_\_ date \_\_\_\_\_  
Parent/legal guardian Parent/legal guardian

Accepted \_\_\_\_\_ date \_\_\_\_\_  
Center Director