

Schedule and Tuition Verification Form

Child's Name: _____

Classroom: _____

Schedules Start Date: _____

Dear Parents,

Please fill out your child's attendance schedule below. All children must attend three days a week to hold their spots. You can always change your schedule as needed based on the availability in your Childs classroom. You will be required to pay the tuition amount listed at the bottom until you request a schedule change.

	Arrival Time	Departure time
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

According to the above schedule, I agree to pay \$ _____ a week for my Childs's tuition at little Angels Daycare and Preschool. I understand the weekly tuition is due regardless of my child's attendance on the following Wednesday after each billing cycle that is sent out on Fridays. If you exceed your scheduled time you will automatically move up to the next hourly rate. As part of your agreement if no payment has been received within a three week period your child will no longer qualify to attend Little Angels Daycare and Preschool. Upon receiving payment you may be required to pay a registration fee to renroll them.

Parents/Guardian Signature: _____

Date: _____

Office Use: