



PAYMENT AGREEMENT

(Parent/Guardian Copy)

Child(ren) Name(s) _____

Parent/Guardian Name(s) _____

Please initial next to the following statements:

_____ I hereby apply for enrollment at Educare Learning Center. My child(ren) will begin attendance on _____(date). Charges will be incurred based on the initial enrollment date. A two-week notice is required for changes to the initial start date.

_____ I understand that if I choose not to enroll my child the registration fee, pre-payment (if applicable), and the deposit are forfeited.

Parent/Guardian Printed Name	Parent/Guardian Signature	Date

Office use

\$ _____ Reg. Pd _____ \$ _____ Deposit Pd _____ \$ _____ Pre-payment Pd (if applicable)



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