

CHILDSPACE WEST DAY CARE CENTER

4910 Wyalusing Avenue

Philadelphia, PA 19131

(215) 473-7914

Enrollment Contract Agreement

CHILDSPACE West agrees to enroll _____ for the 2014-2015 school year, beginning September 2, 2014 and ending on August 31, 2015. S/he is scheduled to attend CHILDSPACE West on:

Monday:	_____	am	_____	pm	_____	full day
Tuesday:	_____	am	_____	pm	_____	full day
Wednesday:	_____	am	_____	pm	_____	full day
Thursday:	_____	am	_____	pm	_____	full day
Friday:	_____	am	_____	pm	_____	full day

Tuition of _____ will be paid on a monthly basis/or twice a month.

Person(s) designated by parent to whom child may be released (Please Print) _____

I, the parent/guardian:

_____ received complete written program information at the time of enrollment (3270.121)

_____ agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (3270.124)

_____ have read the Enrollment Agreement and Operating Procedures and agree to all terms and conditions listed therein.

Signature-Operator

Date

Signature-Parent or Guardian

Date

Date of Child's Admission

Date of Withdrawal

Periodic Review

Signature of Parent or Guardian

Date