

LIBERTY CHRISTIAN CHILD DEVELOPMENT CENTER

FINANCIAL AGREEMENT

2013 – 2014

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

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Gender M F E-mail \_\_\_\_\_

Child's Starting Date \_\_\_\_\_

AGREEMENT

I, \_\_\_\_\_, agree to pay Liberty Christian School the following charges for my child's participation in the Child Development Center. Tuition will be \$\_\_\_\_\_ per week/month . A twenty-five dollar late fee will be assessed per late payment. Payments must be kept up to date in order to avoid a late fee and/or dismissal from the program. **ALL PAYMENTS ARE FINAL AND NON-REFUNDABLE.** A written 2 week notice is required if my child will be withdrawing from the program. A late fee (attached to the tuition information page) will be added if you pick your child up after 6:00 p.m.

Security Deposit \_\_\_\_\_ Registration Fee Paid \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

