Our Father's Childcare
Enrollment Agreement
20___

Children's Information

Child's Name	Child's Date of Birth	Start Date

Child's Home Phone	School (If Applicable)	Weekly Tuition

Schedule of Attendance (circle all): M T W Th F Typical Hours:_____-_____

Child' Name	Child's Date of Birth	Start Date

Child's Home Phone	School (If Applicable)	Weekly Tuition

Schedule of Attendance (circle all): M T W Th F Typical Hours:_____-_____

Child' Name	Child's Date of Birth	Start Date

Child's Home Phone	School (If Applicable)	Weekly Tuition

Schedule of Attendance (circle all): M T W Th F Typical Hours:_____-_____

Account Name and Information:

Father/Guardian's Name	Street Address	City, State, & Zip

Home Phone	Work Phone	Cell Phone

Mother/Guardian's Name	Street Address	City, State, & Zip

Home Phone	Work Phone	Cell Phone

Responsible party for billing: Father____ Mother____ Both____ Other____

I have had an opportunity to read and discuss the Parent Handbook, including the Tuition Rates, Minimum Enrollment requirements, and Late Payment Fees.

_____

Signature Date

_____

Signature Date