

**WESLEYAN CHILD CARE CENTER**

**FOR OFFICE USE ONLY**

Child's Name \_\_\_\_\_  
Parent's Name \_\_\_\_\_  
Driver License # \_\_\_\_\_  
Child's Class \_\_\_\_\_  
Tuition \_\_\_\_\_

Registration Paid \_\_\_\_\_

**2023 – 2024 Contract**

*(Contracts are from August to August for 2's, 3's and wrap around children.)*

I, \_\_\_\_\_ Parent/Guardian of  
\_\_\_\_\_ hereby contract with Wesleyan CCC to  
provide certified care for my child. I understand that tuition will be due the 1<sup>st</sup> of each  
month for monthly tuition or each Monday of the week for weekly tuition. Monthly tuition  
may be divided into two equal payments, payable on the 1<sup>st</sup> and 15<sup>th</sup> of each month, with  
approval from the Director. A two week notice is required in writing and dated upon  
withdrawing your child. (I understand that I will be responsible to pay the weekly tuition  
during these two weeks). A late fee of \$30.00 will be charged for monthly tuition after the  
1<sup>st</sup> of each month or \$15.00 weekly after Monday @ 4:30 p.m. of each week. I understand,  
Wesleyan CCC reserves the right to withdraw my child/children with or without notice if  
my account should become in arrears or continues to incur a late fee. Registration Fee's  
(due upon enrollment) are non-refundable and are renewed yearly in August of each school  
year.

**Full -Time 6:45 – 4:30 P.M.**

\_\_\_\_\_ 5 Day (Monday – Friday)

\_\_\_\_\_  
Parent/Guardian Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Director's Signature

Date \_\_\_\_\_