

WESLEYAN CHILD CARE CENTER

Child's Name _____

Parent's name _____

Driver license# _____

Child's Class _____

Tuition _____

Paid registration date _____

2023 – 2024 Contract

I, _____ Parent/Guardian
of _____ hereby contract with Wesleyan CCC to provide certified care for my child. I understand that tuition will be due on the first day of the month. A two-week notice is required in writing and dated upon withdrawing your child. A late fee of \$15.00 for weekly or \$30.00 for monthly late fee payment is received after Monday weekly or the first of the month for monthly payment. 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. We will follow the VPK School calendar, fees are calculated to include all school closures. (You do not pay for our Thanksgiving, Christmas, or Spring break.)

3 Day Program-----Tuesday, Wednesday, and Thursday 9:00-2:00 _____

Parent/Guardian Signature _____ Date _____

Director's Signature _____ Date _____