



Way to Grow Nursery School  
22 Maplewood Mall  
Philadelphia, PA 19144

## Deposit Agreement

DATE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

PARENT/GUARDIAN NAMES \_\_\_\_\_

PHONE NUMBERS \_\_\_\_\_

ADDRESS \_\_\_\_\_

AMOUNT OF DEPOSIT \$25 (Please make check payable to Way to Grow LLC)

TYPE OF DEPOSIT (check one)

\_\_\_\_ 1. Waiting List (Give time period for which you will wait) \_\_\_\_\_

I hereby understand and agree that my deposit for the waiting list is refundable if and only if a space is NOT available within my given time period listed above. If and when I enroll my child, my deposit will be applied towards the enrollment deposit.

\_\_\_\_\_  
Signature of Parents

\_\_\_\_ 2. Enrollment Deposit (Please give start date, number of days, and which days of the week.) \_\_\_\_\_

I hereby understand and agree that enrollment deposits are NOT REFUNDABLE, if I decide NOT to start my child in the program. I further understand and agree that the enrollment deposit will be held as a tuition retainer once my child enrolls in the program. The tuition retainer will be held and later refunded upon leaving the program, if and only if one (1) month written notice of withdrawal from the program is given to the director.

\_\_\_\_\_  
Signature of Parents