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| Sept |  |
| Oct |  |
| Nov |  |
| Dec |  |
| Jan |  |
| Feb |  |
| Mar |  |
| April |  |
| May |  |
| June |  |
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Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***CONTRACT RATE*:**

Office use only

* The rate for the preschool program is $195.00 per week.

**(Adding on- check this box)**

**Extended care is mornings and afternoons.** The price is an additional $25.00 per week.

**Please initial each section:**

\_\_\_\_\_\_\_ I understand and agree to the payment scale as outlined above and I understand this is a binding contract and payment is due each week whether or not my child is absent. ***Payments are expected at the beginning of each week***. Loss of services will occur should payments not be received.

\_\_\_\_\_\_\_ I understand Destination Paris will try it’s best to be able to open on snow days.

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\_\_\_\_\_\_\_I agree that I received and read a copy of the DP parent handbook and the Code of Conduct and abide by all terms, conditions and policies set forth.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Parent/guardian signature) (Date