

## Little Eagles Childcare & Preschool

159 West Garland Street

Jefferson, WI 53549

☎ 920-674-4948

### HOLD SPOT / DEPOSIT AGREEMENT FORM

#### Parent/Guardian

Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

#### Child(ren)'s Full

Name(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#### Requested Start Date:

\_\_\_\_\_  
\_\_\_\_\_

#### Program/Classroom (Infant, Toddler, Preschool, etc.):

\_\_\_\_\_  
\_\_\_\_\_

#### Nonrefundable Deposit & Application Fee

To reserve a spot at Little Eagles Childcare & Preschool, a **nonrefundable application fee** is required:

- **\$60 per child**, or
- **\$75 per family** (if enrolling multiple children)

This fee secures your child's spot and covers the cost of registration processing. It **does not apply toward tuition** and is **nonrefundable** under any circumstances, including changes or cancellations.

## **Next Step: Enrollment Form**

Once this form and deposit are received, you will be provided with the official **Enrollment Form**, which must be **completed and returned** before your child's start date.

**Enrollment is not considered final until all forms are submitted and reviewed.**

## **Acknowledgment**

By signing below, I confirm that I understand and agree to the terms of this agreement, including that the deposit is **nonrefundable**, and the next step is completing the **Enrollment Form**.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **OFFICE USE ONLY**

- Application Fee Received: \$ \_\_\_\_\_
- Date Received: \_\_\_\_\_
- Received By: \_\_\_\_\_