



Child's First Name _____ Last Name _____

Start Date _____

Payment Plan- Please Circle One
 Weekly Monthly

Referral Information- Please fill in how you heard about TLC
 Referred By _____
 Other _____

NOTICE

* A four week, non-refundable deposit is required at the time of registration. This is a non-interest bearing deposit. This deposit amount may increase with a schedule change as required by TLC.

* This deposit will be applied to your last four weeks of child care. TLC requires a four week written notice before the termination process is in effect.

* Tuition is due the Thursday prior to the following week/month of their scheduled attendance

* You have contracted for a guaranteed slot for your child to the exclusion of all others and tuition is due and payable whether your child is out due to sickness, vacation, holiday closing, weather emergency, or if the center is mandated to close by the MA Department of EEC because of circumstances beyond our control, such as loss of power

* The Learning Center of Hopkinton reserves the right to change tuition rates at any time

* All tuition is based on child to teacher ratios

* The Learning Center of Hopkinton reserves the right to apply restrictions to special promotions

The Learning Center of Hopkinton

Parent Signature _____ Date: _____

For TLC Use Only

Classroom assignment _____ Days of the week (please circle) M T W TH F

Program (circle one) Infant Toddler Preschool Kindergarten Clubhouse

Registration Fee \$ _____ Weekly Rates (before discounts) \$ _____ Sibling Discount (circle if applicable) \$ _____ 10% 5%

Four Week Deposit (Less Discount if applicable) \$ _____ Weekly Rate (after discount) _____

Date Payment Received _____ Check Number _____ In the Amount \$ _____

Promotion Information _____ Director's Initial _____