



Apple Academy Learning Center

1845 and 1847 Main Street • Centerville, MN 55038

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ENROLLMENT AGREEMENT FOR CHILD CARE SERVICES

I understand that my child/ren _____ is/are enrolled in APPLE ACADEMY LEARNING CENTER, scheduled to begin on _____.

I have elected the following program option:

_____ Full time child care

_____ Part time child care (less than five full days per week)

My child will be attending the center on the following days at the following times.

Day of the Week	Morning Start Time	Evening Pick Up Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

I understand that if the times that my child will be in attendance will change I will need to give the center 24 hour notice so that they may alter their staffing patterns. If my child's start time is not regularly before 7:00 a.m or after 6:00 p.m.. I understand that I may not bring my child to the center before 7:00 a.m. or leave them after 6:00 p.m. unless arrangements have been made with the director the day before. If for any reason I choose not to start on the above date, I must give **two weeks written** notice or I will be charged for two weeks of care for my child. I also agree that if I decide to withdraw my child, I will give two weeks **written** notice or be billed for, and responsible for the equivalent hours.

By signing below, I acknowledge that I have received a copy of the center's Tuition Schedule. I agree to comply with all center policies as provided to me.

Parent's Signature: _____
(Both Parent's must sign if two custodial parents)

Parent's Signature: _____

Date: _____