

ENROLLMENT CONTRACT

will attend Eska Okon'a Childcare Centre

Child's Name _____

beginning _____

Date

Check One: _____ Full Time from: _____ A.M. to _____ P.M.

Part Time from _____ A.M. to _____ P.M.

Please Circle Days: M T W TH F

The weekly fees for the child (ren) will be _____ childcare fees are payable a month in advance.

I have received a copy of the Eska Okbn'a policies and procedures and agree to follow them in their entirety. I agree to pay the amount due in advance for the time my child is enrolled. I understand that I may withdraw my child at any time by giving two weeks written notice to the Centre's Director.

Parent's Signature

Paid: - _____ **Cash:** _____ **Check:** _____

Daycare Representative

For Centre Use Only:

Date of Entrance

Date of Withdraw)