



Amount Paid \_\_\_\_\_  
Check # \_\_\_\_\_ Cash \_\_\_\_\_

**PRESCHOOL FEE AGREEMENT**

Year \_\_\_\_\_

Agreement between \_\_\_\_\_ and the Jefferson Child Care & Education Center for services to \_\_\_\_\_  
(Parent or Guardian) (Child's Name/Date of Birth)  
Effective on: \_\_\_\_\_

**ADDRESS OF CHILD:** Street \_\_\_\_\_ Birth Date \_\_\_\_\_  
City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Cell# \_\_\_\_\_ Cell# \_\_\_\_\_  
(Mother) (Father)

**Child Living With:** Both Parents \_\_\_\_ Mother Only \_\_\_\_ Father Only \_\_\_\_ Other \_\_\_\_  
Marital Status: Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_

**PARENT'S PLACE OF BUSINESS:**

MOTHER \_\_\_\_\_  
Name Company Telephone  
FATHER \_\_\_\_\_  
Name Company Telephone

**CONTRACTED SERVICES**

Infants \_\_\_\_ Minnows \_\_\_\_ Preschool Guppies \_\_\_\_ Preschool Sunnies \_\_\_\_ Pre-K Dolphins \_\_\_\_  
Potty Trained ( Y ) ( N )

**Days of Services:** Five Days \_\_\_\_ **or** Monday, Wednesday, Friday: \_\_\_\_ **or** Tuesday & Thursday \_\_\_\_  
**(Please Choose One)**  
Drop off time: \_\_\_\_\_ am Pick up time: \_\_\_\_\_ pm

**The weekly fee for this service is: \_\_\_\_\_ per week**

**Due upon registration:** \$25.00 + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
**Non-Refundable Registration Fee      2 wk Security Deposit      1<sup>st</sup> week of care      Total Due**

I have read and agree with the policies and procedures outlined in the Parent Handbook.  
I further agree to inform the Center regarding changes in circumstances.  
I understand that financial assistance may be available to eligible families.

\_\_\_\_\_  
Date Signature of Parent/Guardian      \_\_\_\_\_  
Date Signature of Center Representative