

## **LITTLE ACORN CHILDCARE AGREEMENT**

I agree that \_\_\_\_\_ will be attending Little Acorn Day School or  
(Child's Name)  
Little Acorn Sprouts beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ for the following days and times:  
month day year  
\_\_\_\_\_ for a monthly fee of \$\_\_\_\_\_.

(\*Please Note: You must complete this form by writing anticipated drop-off and pick-up times above and let us know if things change).

**I understand and agree to the following:**

- I agree to pay my monthly tuition fee on or before the first day of each month.
- I agree to pay a 10% late fee for tuition paid after the fifth (5th) of each month.
- I agree to pay a \$100.00 insurance fee in February each year my child is enrolled in Little Acorn Day School and/or Little Acorn Sprouts.
- I understand that any unpaid absences or vacation will not be considered enrollment and available space may be filled. This includes leaving for the summer.
- I understand that a registration fee and tuition deposit is due at the time of enrollment, which is non-refundable and payable again upon departure and re-enrollment.
- I understand, when leaving Little Acorn, I must give the Director at least 60 days notice, in writing, in advance of withdrawal from Little Acorn, or I will forfeit my last month's deposit and owe an additional month's tuition.
- I have reviewed a copy of the Parent Handbook, at [www.littleacorninc.com](http://www.littleacorninc.com), and agree to abide by the rules and regulations stated therein regarding fees, attendance, health, parking, clothing and other such items.
- I agree to notify the Director of Little Acorn of any changes in the above plan and I understand that any changes to enrollment days and hours are subject to availability.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Child Care Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date