



Agreement Concerning Policies, Procedures, And Tuition Payments

Parent/Guardian

Name(s): _____

Child's Name: _____

And

LEGACY LEARNING PLACE

I _____, agree to abide by the policies and procedures specified in the Policies Manual given to me by LEGACY LEARNING PLACE. I also understand that the provisions of the policy and procedures manual may change from time to time of which I will be notified and I will abide by all future changes.

I understand that I am enrolling my child for full time care at the rate of \$ _____
Per week or part time care on the following set days: _____
at the rate of \$ _____ per pay, I agree to be prompt with my tuition payments and if I ever get behind, LEGACY LEARNING PLACE has the right to terminate care for my child. I recognize that tuition payments are required for each full week of school regardless of absenteeism due to illness or vacation, with the exception of the 10 allowed vacations days.

Signature of Parent/Guardian: _____ Date: _____

Signature of Director: _____ Date: _____