

STEPPING STONES CHILDREN'S CENTER RATE AND SCHEDULE CONTRACT

Name of Student: _____

Date Enrolled: _____

Monthly Tuition Agreement: _____

Schedule: _____

I hereby agree to pay Stepping Stones Children's Center the above amount in return for preschool and daycare services. I am aware that payment is due in advance, and that failure to pay by the 10th of each month will result in late fees and possible cancellation of my child's enrollment.

Parent: _____

Director: _____

I have read and understood the Policies of Stepping Stones Children's Center.

Parent: _____