

## Shining Stars Preschool Agreement Contract

Child's Name:	First	Middle	Last
Parent or Guardian Name:	First	Middle	Last
Parent or Guardian Name:	First	Middle	Last
Days and Times my child will attend preschool:			
Check Which Class:			
<input type="radio"/> Monday, Wednesday, Friday from 9:30-12:00			
<input type="radio"/> Monday, Wednesday, Friday from 12:30-3:00			
Fee: \$150 per month		Date Payment due: by the 5 <sup>th</sup> of each month	
Type of Payment: Check one	<input type="radio"/> Cash	<input type="radio"/> Check	<input type="radio"/> Direct Deposit
Overtime rate: \$5 per min	Late Fee \$5 per day after the 5 <sup>th</sup> of each month		
Other Fees: \$55 yearly registration fee			
Description: this goes towards supplies for the year			
I agree to promptly notify Shining Stars Preschool of any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated.			
I have read, understand, and agree to comply with the policy, procedures and information for parents given to me by Shining Stars Preschool, Shannon McComb			
Parent of guardian Signature		Date	
I agree to provide preschool services according to the above plan. I agree to promptly notify parents or guardians of any changes to the above information			
Licensee signature		Date	
<i>Shannon L McComb</i>			
Street Address	City	State	Zip code
16617 N Cincinnati Ct	Spokane	Washington	99208
Comments:			