***Shining Stars Preschool Agreement Contract***

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| --- | --- | --- | --- | --- |
| 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: | | | | |
| * Monday, Wednesday, Friday from 9:30-12:00 | | | | |
| * Monday, Wednesday, Friday from 12:30-3:00 | | | | |
|  | | | | |
| Fee: $150 per month | | Date Payment due: by the 5th of each month | | |
| Type of Payment:  Check one | * Cash | | * Check | * Direct Deposit |
| Overtime rate: $5 per min | Late Fee $5 per day after the 5th 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 | | 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  Shannon L McComb | | | | |
| Street Address City State Zip code  16617 N Cincinnati Ct Spokane Washington 99208 | | | | |
| Comments: | | | | |