



www.forkidssakeelc.com
forkidssakeelc@sbcglobal.net

10300 Dexter Pinckney Road
Pinckney, MI 48169
Phone: (734) 878-1200

**2016-2017
Infant/Toddler
Enrollment Contract**

I AM ENROLLING MY CHILD

(CHILDS NAME) _____ IN THE
PROGRAMS OF FOR KID'S SAKE EARLY LEARNING CENTER.
CHILDS DATE OF BIRTH _____

I AGREE TO PAY THE TUITION AMOUNT OF
(REFER TO FKS FEE SCHEDULE 2016-2017)

\$_____ PER DAY/WEEK (CIRCLE ONE) FOR THE FOLLOWING
SCHOOL YEAR SCHEDULE (CIRCLE PREFERENCE, CHILDREN MUST ATTEND AT LEAST 2
DAYS PER WEEK)

FULL TIME CARE EVERY DAY MONDAY THROUGH FRIDAY

FULL DAY CARE M T W TH F (CIRCLE DAYS NEEDED)

PART TIME CARE M T W TH F 1/2 DAY AM (6:15-1PM)

PART TIME CARE M T W TH F 1/2 DAY PM (1-6PM)

PLEASE REFER TO PARENT HAND BOOK & FEE SCHEDULE FOR RATES, PAYMENT DUE DATES,
& PAYMENT POLICIES.

PARENT SIGNATURE _____ **DATE** _____

