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**2017-2018  
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 2017-2018)

**\$\_\_\_\_\_ PER DAY/WEEK (CIRCLE ONE) FOR THE FOLLOWING**  
**SCHOOL YEAR SCHEDULE (CIRCLE PREFERENCE, CHILDREN MUST ATTEND AT LEAST 3**  
**TIMES 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** \_\_\_\_\_

