



www.forkidssakeelc.com  
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**2018-2019  
Infant/Toddler  
Enrollment Contract**

**I AM ENROLLING MY CHILD**

(CHILD'S NAME) \_\_\_\_\_ IN THE  
PROGRAMS OF FOR KID'S SAKE EARLY LEARNING CENTER.  
CHILD'S DATE OF BIRTH \_\_\_\_\_

**I AGREE TO PAY THE TUITION AMOUNT OF  
(REFER TO FKS FEE SCHEDULE 2018-2019)**

\$ \_\_\_\_\_ 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 \_\_\_\_\_

