

2022-2023 Infant/Toddler **Enrollment Contract**

I AM ENROLLING MY CHILD								
(CHILD'S NAME) IN THE PROGRAMS OF FOR KID'S SAKE EARLY LEARNING CENTER.								
CHILDS DATE OF BIRTH _								
I AGREE TO PAY THE (REFER TO FKS FEE SCHE			OF					
\$PE	R DAY/WEEK	(CIRCL	E ONE) F	OR THE	FOLLOW:	ING		
SCHEDULE (CIRCLE PREFI WILL FOLLOW A M/W/F	·		RWISE AR	RANGED,	PART TIME	FAMILIES		
FULL TIME CARE		EVERY DAY MONDAY THROUGH FRIDAY (MAXIMUM OF 10 HOURS PER DAY)						
PART TIME CARE	M/W/F	OR	T/TH	(CIRCLE	DAYS NEE	DED)		
WHILE THE STATE OF MICE FOR AT A 4/1 RATIO, FKS ACCREDITATION), EXCEED LOWER RATIO GROUP SIZE	5, BY FOLLOWIN S QUALITY & EX	G THE	DIRECTIO	N OF NA	EYC (NAT	IONAL		
CHILDREN AGE 6 WE CHILDREN AGE 1-29)			
PLEASE REFER TO PARENT & PAYMENT POLICIES.	HAND BOOK & F	EE SCH	EDULE FO	R RATES,	PAYMENT	DUE DATES		
PARENT SIGNATURE_				D	ATE			