

2024-2025
Infant/Toddler
Enrollment Contract

I AM ENROLLING MY CHILD (CHILD'S NAME)			
IN FOR KIDS SAKE EARLY CHILDS DATE OF BIRTH	LEARNING CEN	NTER.	
FULL TIME PRE-SCHOOL			THROUGH FRIDAY RS PER DAY)
PART TIME PRE-SCHOOL	M/W/F OR	T/TH	(CIRCLE SCHEDULE NEEDED)
I AGREE TO PAY THE TUIT	ION AMOUNT C) F	
(REFER TO FKS FEE SCHEDULE 2024	-2025) \$		PER DAY/WEEK.
To maintain our low staff-to-child rational times.	os, we kindly request	: Choose cons	sistent daily drop-off and pick-up
 Stick to these times to help us If you need a change, please giv Daily care should not exceed 10 	ve us advance notice.	•	
MY REGULAR AM DROP OFF T	IME WILL BE		
MY REGULAR PM PICK UP TIM	E WILL BE	-	
While the State of Michiga for in a 1/4 ratio, FKS foll Accreditation), which Excee in lower ratio group sizes!	OWS THE DIRECTI	ON OF NA	EYC (NATIONAL
PLEASE REFER TO PARENT HAND & PAYMENT POLICIES.	BOOK & FEE SCHE	DULE FOR I	RATES, PAYMENT DUE DATES
PARENT SIGNATURE			DATE