

Robins Nest Learning Center

Contract Agreement

(Sign & Fill-Out with Director) Date filled out:		
Date contract becomes effective: _	(Starts the Monday after receipt)	
I agree that my child/children		
will be enrolled at Robin's Nest Learning Center for days per week. The days I have		
reserved are		
Varied or Drop-In circle if appli	cable.	
Any other days not noted here will	be billed at a drop-in rate of	
CCAP parents: these are the rates y	ou will be charged for days not covered by CCAP.	
CCAP allows for 3 absences per mo	onth and then you will be billed private pay rates.	
The hours of care I need are		
I understand anything outside thes	se hours will add an additional fee as outlined in our	
drop in rates.		
My weekly tuition is	due the first day my child attends Robin's Nest to avoid	
the 20.00 per week late fee. Tuition	ı per day is	
My transportation fee is	·	
The total weekly amount due on M	onday is	
In the event there is no school and	your child is school aged, you would add	
to the weekly amount on the Mond	ay of the week the full day is used.	
	es and days needed as outlined in this contract need to be n writing in the tuition box to avoid drop in fees. This	

would include: switching days, vacation requests, termination of contracts, change of days or times & transportation needs outside of agreed school runs. Please note these requests

are based on staff availability and current ratios. Robin's Nest is very full and we do our best to accommodate schedule requests with proper planning.

A two-week notice is red	uired to change and or terminate care. If no notice is given, the	
leposit of will be forfeited and any outstanding balance is subject to the		
weekly late fee until bal	nce is paid or a written payment plan is signed. In the event this	
account goes to collections, there is a \$150.00 collection fee that will be added and the		
account will go to collections and court for resolution. The deposit left here will be you last		
week of tuition with a tw	o-week written notice.	
All notices, changes take	effect the Monday they are received.	
Please email any and all	changes to: moore42601@gmail.com	
If this form has been sig	ed to hold a spot, a deposit of the total weekly amount is required	
and is non-refundable.		
, I agree	vith Robins Nest contract agreement.	
Parent/ Guardian Name		
	Date:	
Director Signature:	Date:	
Change of Classroom:		
Change of Days:	Change of Times:	
Classroom Name:		
Lead Teacher's Name: _		

(This contract cannot be filed without a \$50 enrollment fee and signature from a director. Any other days will be billed at drop-in rate.)