

Centennial Christian Learning Center

A ministry of Cherry Creek Wesleyan Church

19401 E. Chenango Dr.

Centennial, CO 80015-3405

(303) 693-5706

Financial Agreement—Preschool, Pre-K & Kindergarten(9AM - 12PM)

Today's date: _____

We have registered our child _____ for
(Print name)

- Preschool (2.5 and 3 years old)
 Pre-kindergarten (must be 4 years old by Oct. 1st)
 Kindergarten (must be 5 years old by Oct. 1st)
 PM K Enrichment (MWF 1:00-3:00)

For the following session (check one):

- Tuesday/Thursday
 Monday/Wednesday/Friday
 Monday – Friday
 Other (please specify) _____

I understand that my payment of (check one):

- \$155 per month (Tuesday/Thursday)
 \$200 per month (Monday/Wednesday/Friday)
 \$320 per month (Monday – Friday)
 \$155 per month (PM PK/K enrichment – 1:00 -3:00 (Monday/Wednesday/Friday)
 Other (please specify) _____

...is due and payable on Monday/Tuesday of each month.

____ (Please Initial) I understand that a \$10 per day late fee will be charged beginning at 9:00am on Thursday the week payment is due. If full payment, including any late charges, has not been received by Friday my child cannot attend CCLC until all tuition is current. (Unless other arrangements have been approved by the director).

____ (Please Initial) I understand that a \$125 registration fee is non-refundable and is due with my child's enrollment forms.

____ (Please Initial) I understand that if I choose to change my child's attendance schedule, a \$25 change of schedule fee will be applied to my account.

Parent's Name _____
(Printed name)

Signature _____

Centennial Christian Learning Center

A ministry of Cherry Creek Wesleyan Church

19401 E. Chenango Dr.

Centennial, CO 80015-3405

(303) 693-5706

Financial Agreement – Child Care

Today's Date _____

We have registered our child _____ for

(Print name)

Full Days

Pick Up By 3:00

5 days per week _____

4 days per week _____

3 days per week _____

2 days per week _____

1 day per week _____

Please which specify days _____

I understand that my payment of (check one):

Full Days

Pick Up By 3:00

_____ \$185 (5 days per week)

_____ \$170 (5 days per week)

_____ \$160 (4 days per week)

_____ \$145 (4 days per week)

_____ \$140 (3 days per week)

_____ \$125 (3 days per week)

_____ \$100 (2 days per week)

_____ \$85 (2 days per week)

_____ \$60 (1 day per week)

_____ \$45 (1 day per week)

_____ Other (please specify) _____

...is due and payable on Monday each week (or first day child is scheduled to attend)

_____ (Please initial) I understand that a \$10 per day late fee will be charged beginning at 9:00am on Thursday the week payment is due. If full payment, including any late charges, has not been received by Friday my child cannot attend CCLC until all tuition is current. (Unless other arrangements have been approved by the director).

_____ (Please Initial) I understand that a \$125 registration fee is non-refundable and is due with my child's enrollment forms.

_____ (Please Initial) I understand that if I choose to change my child's attendance schedule, a \$25 change of schedule fee will be applied to my account.

Parent's Name _____

(Printed name)

Signature _____