



Parental Contract

Lighthouse Learning Center Preschool
 3838 Jericho Road, Bismarck, ND 58503
 (701) 255-1388; www.cccbismarck.com/preschool
 Email: preschool@ccbismarck.com

Parent or Guardian: _____ Date: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Address _____
(street) (city) (state) (zip)

Parent or Guardian: _____ Date: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Address: _____
(street) (city) (state) (zip)

Services will be provided to:

<i>Name of child</i>	<i>Birthdate</i>	<i>Days of attendance</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Basic Monthly Family Fee: Due on 10th of each month

2 days/week: \$170 - 3 days/week: \$210 - 5 days/week: \$280

1-Time Registration Fee: \$50 due upon enrollment

Parents or guardians agree to the following:

1. Reimbursement will be expected for any damages to property caused by your child(ren) in the center in excess of \$10.00.
2. One months notice will be given if you decide to withdraw your child(ren), or when the child(ren) will have extended absence for any reason.
3. The provider may terminate the agreement without giving any notice if the parent/guardian does not make payments when due.

Parent/Guardian: _____ Date: _____
signature

Parent/Guardian: _____ Date: _____
signature

Provider: _____ Date: _____
signature