

Registration and Non-Refundable Deposit Agreement

, am hereby subm									
refundable deposit to register my child for e				aen Cn	iia Dev	eiopn	nent C	.ente	er.
I am agreeing to the following terms of regis		•				_	,	,	
Child Name Birtho	late/ __	/_	Sch	nedule	d Start	Date	/_	/_	
Weekly Schedule (please select the schedule	your Dir	ector h	as offere	ed you))				
Full Time- Monday through Friday									
Part Time- Tuesday/Thursday									
Part Time- Monday/Wednesday/Frida	1								
Other (previously approved by Directo	r)					_			
Please Initial Each Item:									
I understand full tuition will become e to change the scheduled start date after sub		•		hedule	d start	date	and I a	am r	ot able
I understand there is not an option to agreement.	change r	ny chilo	d's week	ly sche	dule at	fter su	ıbmitt	ing	this
I understand if I decide, for any reason of this deposit will be refunded or applied to			-	with Gr	een Ga	arden	that r	no po	ortion
I understand my deposit covers the reapplied to my tuition charges on my child's stuition will be charged through Tuition Expression	tart date	. After	the depo	osit has	been	used	n full,	nor	
	Deposit	Amou	<mark>nt</mark>						
Full Time Infant/Toddler = \$1,500		Full Time Preschool/Pre-K = \$1,000							
Part Time Infant/Toddler =\$1,000		Part Time Preschool/Pre-K =\$800							
Total Depo	sit Due \$	<u> </u>							
*If payment is being made by credit/debit card									
Parent Signature			· .		Date	/	/		
Director Signature									
							/		
Denosit Made / / Denosit Meth	Office Us	•							