

CCDS TK Contract 2022-2023

Student Name (First & Last) _____

Parents Name (First & Last) _____

Mailing Address _____

Home Phone Number _____ Cell Phone _____

Email Address _____

Please circle the day of the week and time you would like your student to attend.

*Monday	Tuesday	Wednesday	Thursday	Friday
	_____ 1:50 pm-2:30 pm		_____ 2:30 pm-4:30 pm	
One Day Per Week	\$0/mo		\$35/mo	
Two Days Per Week	\$0/mo		\$65/mo	
Three Days Per Week	\$0/mo		\$80/mo	
Four Days Per Week	\$0/mo		\$100/mo	
Five Days Per Week	\$0/mo		\$115/mo	

Credit Card Payment

I, _____ (please print name), authorize Chico Country Day School to charge my Visa/Mastercard on approximately the first of each month in the amount of \$_____.

Parent Signature

Billing Zip Code

Credit Card Number

Exp Date

***Monday option only available for 2:30-4:30 time.**

Any contract changes submitted in writing to the ASP Office by the 15th of the month will be effective the following month.

Cash, checks and Visa/Mastercard payments are accepted.

Payments must be received by the 5th of the month to avoid a \$15 late fee. Payment must be received by the 15th of the month to avoid disenrollment.

If disenrolled, your child(ren) will be placed on the waiting list.

All monthly fees are based on a 4 week month.

I, _____ (printed name), agree to the terms of the above contract.

Parent Signature

Date

Effective Date