

# CCDS TK Contract 2023-2024

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		\$45/mo	
Two Days Per Week	\$0/mo		\$80/mo	
Three Days Per Week	\$0/mo		\$110/mo	
Four Days Per Week	\$0/mo		\$135/mo	
Five Days Per Week	\$0/mo		\$155/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

\_\_\_\_\_ Please initial here if your student qualifies for ELOP funding. Please see our ELOP funding information page to see if your student qualifies.