

Calvary Chapel Lake Arrowhead
R.O.C.K. School Aged Program
Admission Contract

My child, _____, will be attending Calvary Chapel Lake Arrowhead R.O.C.K. Program on the following days and times: _____

The tuition amount of _____ will be paid by the tenth of the month prior to the care of my child.

If I need to withdrawal my child from the program I will provide the preschool director with a two week written notification.

Parent/Caregiver Signature

Date