



Calvary Chapel Lake Arrowhead ROCK Childcare

Admission Contract

My child, _____, will be attending Calvary Chapel Lake Arrowhead ROCK Childcare on the following days and times:

- Monday from _____ to _____pm
- Tuesday from _____ to _____pm
- Wednesday from _____ to _____pm
- Thursday from _____ to _____pm
- Friday from _____ to _____pm

The tuition amount of _____ will be paid by the first of the month prior to the care of my child. I realize there is a 10 day grace period and a \$25 late fee for all tuition payments made after the 10th.

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

Please Print Name

Parent/ Caregiver Signature Date

101 Grandview Rd. • P.O. Box 1210 Twin Peaks, CA 92391

(909) 337-2468