

Fall Enrollment Contract

I hereby enroll my child, _____ at the Annapolis Park Child Development Center. My child's admission date is _____.

Weekly Tuition Rates

Preschool Student: 2 1/2 & 3 year old - \$170 Part Time \$140 (3Days)

4 & 5 year old - \$160

Drop In Daily Rate: \$45 (Must be drop In, may not exceed 2 days)

School Age Student: weekly – AM or PM \$55 AM & PM \$75

Half Day enrolled student add \$10 to weekly rate

Whole Day enrolled student add \$20 to weekly rate

Drop In **Full Daily - \$ 30 (Must be drop in, may not exceed 2 days)**

Half Day - \$ 20

My Child's Weekly Tuition Rate: _____.

My child will attend Weekly:

Monday - Friday _____ to _____

My child will attend Daily/Hourly:

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

I realize that I must pay an annual nonrefundable registration fee of \$50.00. I realize that delinquent tuition payment may be subject to termination from Annapolis Park Child Development Center immediately.

Parent Certification

I certify that I have read, understand, and will abide by The Annapolis Park Child Development Center's program and policy. I agree to the financial terms and conditions indicated in the Policy Handbook. I am aware that I am under obligation to notify the director two weeks before withdrawing my child in writing and am required to pay full tuition for those two weeks. I certify that I have read the entire Policy Handbook.

Parent/Guardian Signature: _____

Date: _____

Director Signature: _____ Date: _____

Cicero Mungo, AP Elder

Signature: _____ Date: _____

30355 Annapolis Road
Westland, MI 48186
734-721-3766

Annapolis Park Child Development Center
“Inspiring Learning, Laughter & Love in the Name of the Lord”

Enrollment Contract – DHS Students

I hereby enroll my child, _____ at the Annapolis Park Child Development Center.

My child’s admission date is _____.

My child is: _____ Preschool Student
 _____ School Age Student

Weekly Co-Pay: \$ _____

My child will attend:

Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____ Total hours weekly _____

I realize that I must pay an annual nonrefundable registration fee of \$50.00. I realize that delinquent tuition payment of two weeks may be subject to termination from Annapolis Park Child Development Center.

Parent Certification

I certify that I have read, understand, and will abide by The Annapolis Park Child Development Center’s program and policy. I agree to the financial terms and conditions indicated in the Policy Handbook. I am aware that I am under obligation to notify the director two weeks before withdrawing my child in writing and am required to pay full tuition for those two weeks. I certify that I have read the entire Policy Handbook.

Parent/Guardian Signature: _____

Date: _____

Director Signature: _____ Date: _____

Cicero Mungo, AP Elder

Signature: _____ Date: _____

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