

Little Friend's Child Care & Preschool

Preschool/Child Care Spot Securement

Child's name _____ DOB _____

Parents Names _____ Phone # _____

Days/Hours needed _____

Start Date _____

I/we would like to secure a spot at Little Friend's Child Care and Preschool for our child. The first week's tuition \$_____ will be paid to secure the spot. This payment is nonrefundable if I/we decide not to take the spot.

Parent Signature

Date

Provider's Signature

Date