

Rainbow Bright Christian Learning Center

Parent Contract

Parent's Names: _____

Child's Name: _____

Selected Schedule Upon Enrollment:

M T W TH F Half Day Student _____ AM or PM

Full Day Student: _____

Normal hours of attendance: _____ AM/PM to _____ AM/PM

_____ I understand tuition payments are due by the 7th of each month.

_____ I understand if payment is not made by the 7th, a 10% late fee will be added to my bill.

_____ I understand that if I still do not pay by the 15th of the month, an additional \$5 per day will be added to my bill and my child will not be allowed to attend school until paid in full.

_____ I understand that if I pick up my child late (after 12pm for half day students or 6pm for full day students), I will be charged a \$25 late pick up fee.

_____ I will keep my child's file up to date and will submit any changes necessary either in writing to the director or update them through the Sandbox Parent Portal.

I have received, read and agree to comply with all the policies and procedures stated in the Rainbow Bright Christian Learning Center Parent Handbook.

Parent Signature: _____ Date: _____