

Sprouts SC

Schedule Contract

Child's Name _____

Email address _____

My Child will be attending the following schedule: (circle all that apply)

Monday: Afterschool-6:00pm

Tuesday: After School- 6:00pm

Wednesday: minimum day 12:30pm- 6:00pm

Thursday: After School- 6:00pm

Friday: After School- 6:00pm

I understand that I am responsible for the above tuition at the beginning of each month. If I need to change my schedule, I understand that I will need to inform Sprouts SC and fill out a new schedule contract 2 weeks in advance.

Parent/Guardian signature _____ Print Name _____ Date _____

Sprouts SC _____ Date _____

