

# Sprouts SC

## Schedule Contract

Child's Name\_\_\_\_\_

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

Monday

Tuesday

Wednesday

Thursday

Friday

Kinder-2:30 pm

Kinder-2:30 pm

Kinder-2:30 pm

Kinder-2:30 pm

Kinder-5:30 pm

Kinder-5:30 pm

Kinder-5:30 pm

Kinder-5:30 pm

Afterschoool-5:30

1st-5th- 5:30 pm

1st-5th- 5:30 pm

1st-5th- 5:30 pm

1st-5th- 5:30 pm

I understand that I am responsible for the above tuition at the beggining 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\_\_\_\_\_

Comments: