

# Sprouts SC

## Schedule Contract

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

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

| Monday          | Tuesday         | Wednesday       | Thursday        | Friday          |
|-----------------|-----------------|-----------------|-----------------|-----------------|
| KINDERGARTEN    | KINDERGARTEN    | KINDERGARTEN    | KINDERGARTEN    | AFTERSCHOOL-6PM |
| AFTERSCHOOL-3PM | AFTERSCHOOL-3PM | AFTERSCHOOL-3PM | AFTERSCHOOL-3PM |                 |
| KINDERGARTEN    | KINDERGARTEN    | KINDERGARTEN    | KINDERGARTEN    |                 |
| AFTERSCHOOL-6PM | AFTERSCHOOL-6PM | AFTERSCHOOL-6PM | AFTERSCHOOL-6PM |                 |
| 1-5TH GRADE     | 1-5TH GRADE     | 1-5TH GRADE     | 1-5TH GRADE     |                 |
| AFTERSCHOOL-6PM | AFTERSCHOOL-6PM | AFTERSCHOOL-6PM | AFTERSCHOOL-6PM |                 |

-I understand that I am responsible for paying the above tuition at the beginning of each month. I will need to inform Spouts SC at least 2 weeks in advance if i need to change my schedule

-Academic assistance will be available everyday, Circle the days you wish for your child to participate.

Moday-Tuesday-Wednesday-Thursday-Friday

Parent/Guardian signature\_\_\_\_\_Print Name\_\_\_\_\_Date\_\_\_\_\_

Sprouts SC\_\_\_\_\_

Date\_\_\_\_\_

Comments: