

# ANGELS DAYCARE

## Enrollment Form



Parent's Name: \_\_\_\_\_

Child's Name and Age: \_\_\_\_\_

Weekly Payment: \$\_\_\_320\_\_\_\_\_

Note: Deposit must be paid one week in advance and is non-refundable if you change your mind.

Accept Zelle payments at +1 (240) 252-8017

### Terms and Conditions:

- Weekly payment must be paid on time.
- Public holidays are closed.
- In a year, apart from public holidays, 6 days winter holiday and 6 days summer holiday will be taken, which will be announced to parents at least 2 months in advance.
- If parents decide to withdraw their child from daycare, they must notify 2 months in advance.
- To pay an overtime rate of \$\_\_\_10\_\_\_ per 10 minutes when children are picked up late.

Parent’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_