## Door of Hope Freedom Center-School Year Contract 2023-2024 (Aug 24 - May 23)

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Child's Name		S.	Age	Birthdate	Sex ()M()F
Father's Name / Social Security #		Home Address			ne Phone
Place of Employment	Work Hours	Business A	ddress	Bus	iness Phone
Mother's Name / Social Security #	Home A	Address		Hon	ne Phone
Place of Employment	Work Hours	Business A	ddress	Bus	iness Phone
Person or Persons authorized to pick up Child (Name, Address, Phone #, and Relationship to Child)					
Person or Persons to contact in emer	gency should both pa	arents be unavail	able (Name	, Phone #, and Re	ationship to Child)
How did you find out about Door of Hope Freedom Center?					
Beginning Date			-		
Name of School			_		
1. Mark Days M T W	TH F				
Weekly Payment Contract					
Weekly Tuition Plus Transport	ation and Snack	\$90			
Extra \$25.00 per day School Vacation/Holidays30 day written notice to withdraw from the program.Annual Registration Fee of \$100 per child to be paid on or before your child's first day.Tuition is due in full the first Business day of each month. You are required to pay one month in advance.					

Parents or Legal Guardian Signature & Date

Parents or Legal Guardian Signature & Date

Teacher or Director Signature and Date