Door of Hope Freedom Center - School Year Contract 2024-2025 (Aug 21 -May 23)

Child's Name	Allergies	Age	Birthdate	Sex ( ) M ( ) F

Father's Name / Social Security #	Home Address	Home Phone

Place of Employment	Work Hours	Business Address	Business Phone

Mother's Name / Social Security #	Home Address	Home Phone

Place of Employment	Work Hours	Business Address	Business Phone

Person or Persons authorized to pick up Child (Name, Address, Phone #, and Relationship to Child)

Person or Persons to contact in emergency should both parents be unavailable (Name, Phone #, and Relationship 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 Transportation and Snack $110

Extra $30.00 per day School Vacation/Holidays 30 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