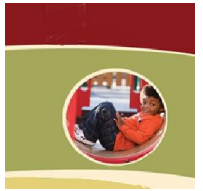


Kreative Kidz Zone Program Inc.

204 Second St
Albany, N.Y. 12210

518-449-1521

www.KidZoneAlbany.com



Contract

I have read understood all of Kreative Kidz Zone Center’s policies and procedures. _____ *initial here*

Name of Parent/ Guardian with primary custody (with whom the child normally resides)

Full name of child(ren) I am enrolling at Kreative Kidz Zone Program Inc.

- 1.
- 2.
- 3.

Program (s) in which I am enrolling my child(ren)

| Fall Program | Summer Program |
|---|--|
| <input type="checkbox"/> School Age Before Care Only | <input type="checkbox"/> School Age Summer Program |
| <input type="checkbox"/> School Age Before & After-School Program | |
| <input type="checkbox"/> School Age After-School Program | |

Days my child will attend

- Monday through Friday
- Other (specify) _____

Hours my child will attend _____

Start Date _____

Tuition due each week _____

I understand that all weekly tuition is due regardless of closures, holidays, or absences of children. _____

Deposit Paid *(to be deducted from final tuition payment)* _____

I understand that any changes, including but not limited to withdrawal, days or hours of attendance and program enrollment must be given in writing at least two weeks prior to the date at which the change will take place. Failure to provide this notice will result in the loss of my deposit. By signing below I acknowledge my responsibility to are all tuition payments on time and in full.

Full Name (printed) _____

Signature _____ Date _____