

3

CROSSROADS COUNTRY DAY CARE

114 Old Stage Road
East Brunswick, NJ 08816
732/251-3221 • fax: 732/723-9026

ENROLLMENT CONTRACT

Child's Name: _____

Date of Birth: _____

Start Date: _____

12 Months: _____ **10 Months:** _____

CHILD'S SCHEDULED DAYS		
	<i>Drop Off</i>	<i>Pick Up</i>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Tuition Schedule and Billing Policies

I (we) are responsible for all fees and agree to abide by the billing policies as outlined in The Crossroads Handbook.

Field Trip Permission Slip

My child _____ has permission to participate in walking field trips within the neighborhood.

(Parent's Initials) _____

Photographs and Interviews

I (do, do not) authorize my child to be photographed and/or interviewed for the promotion of Crossroads Country Day Care. This consent is intended to release all personnel from any claim arising out of the use of such photograph and/or interview.

(Parent's Initials) _____

I/We, _____, the parent(s)/legal guardian(s) of _____, acknowledge that I/we have received a copy of *Crossroads Country Day Care Family Handbook* and have been given the opportunity to read the manual and ask questions about and understands the policies contained therein. Furthermore, I/we agree to abide by the policies set forth in the manual. and ask questions about and understands the policies contained therein. Furthermore, I/we agree to abide by the policies set forth in the manual.

Mother's Signature: _____ **Date:** _____

Print Name: _____

Father's Signature: _____ **Date:** _____

Print Name: _____