CORNER OF THE SKY

512 W. Buffalo Street Ithaca, N.Y. 14850 (607) 272-4670

CONTRACT AND FEE AGREEMENT

The following is an agreement between					[parent(s)/guardian]
and Corner of the Sky, regarding the care of	[full	name	of child(ren)] _	
Deposit: A non-refundable deposit of \$100 is applied to your child's final tuition bill.	s requ	iired to	enroll y	our chi	ld at Corner of the Sky. The deposit will be
Payment for Service: Payment is due for every contract, you agree to a commitment for the a your commitment, you will be responsible for choose to leave within the first month of your beginning of every month with a due date of Children attending part time may extend their fee will be added if a parent is unable to pick-	acader r the y r child the 5t r day	mic scl year's d's atte h. A l for an	hool yea tuition u endance) ate payn addition	r, Septe ntil the . A mon nent cha al \$20 p	ember to June. Should you choose to break space is filled by another child (unless you nthly invoice will be issued at the arge of \$10.00 will be added after that date. per day. An additional \$1 per minute late
Medical Expense: Parents are advised to car. Corner of the Sky is not liable for medical ex					
Emergency Transportation and Field Trip be necessary for staff or emergency personne transported by ambulance. For classroom fiel volunteers. Each field trip will have a separat	l to tr	anspor s, chile	t childre dren will	n. In a be tran	medical emergency, children will be asported in cars driven by parent
I / We agree to the information and terms her	ein, a	nd in t	he paren	t handb	oook. I / We would like my / our child,
		_ to a	attend Co	orner of	the Sky.
Full Time: Pick-up by 5:00pm			Part	Time: 1	Pick-up at 1pm
Part Week: circle all that apply:	M	T	W	ТН	F
Signed				Date	
Signed	Date				