

## ROCK BRIDGE PRESCHOOL PARENT CONTRACT

PAYMENT AMOUNT: \$ \_\_\_\_\_/week/bi-weekly/monthly

I have read and received a copy of the Parent Handbook. I fully understand and accept all policies and procedures included in the Parent Handbook. By signing my name, I agree to comply with all policies and procedures that are listed in the handbook.

NAME: \_\_\_\_\_  
(print)

\_\_\_\_\_  
(signature)

SOCIAL SECURITY #: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPOSIT PAID:

AMOUNT: \_\_\_\_\_ CHECK #: \_\_\_\_\_ CASH \_\_\_\_\_

DATE: \_\_\_\_\_ INITIAL \_\_\_\_\_

PARENT E-MAIL: \_\_\_\_\_