

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 \_\_\_\_\_ DATE \_\_\_\_\_ INITIAL \_\_\_\_\_  
\_\_\_\_\_ CHECK # \_\_\_\_\_ CASH

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EXIT CONTRACT

My child \_\_\_\_\_ last day at  
Rock Bridge Preschool will be \_\_\_\_\_. My deposit  
of \$ \_\_\_\_\_ has been credited toward my final payment on \_\_\_\_\_.

NAME \_\_\_\_\_  
(Print) (Signature)

\_\_\_\_\_  
(DIRECTOR'S SIGNATURE) DATE: \_\_\_\_\_