

2020/2021. School Year

MISS PAM'S PRESCHOOL AND SCHOOL AGE CHILD CARE CENTER

6710 GOSHEN ROAD

GOSHEN, OH 45122

513-722-2555

ADMINISTRATOR: PAMELA FLEM



Child's Name: Birth Date Grade

1. _____

2. _____

3. _____

E-Mail address: _____

Home Phone _____ Cell Ph. _____ Cell PH _____

Work Phone: _____

Mailing Address: _____ Zip _____

Guardian's Name _____ Relationship _____

Social Security # _____ Driver's License # _____

Days Needed: Monday Tuesday Wednesday Thursday Friday/ Times Needed _____

I contract that I will pay \$ _____ weekly/monthly in advance of upcoming week.

A \$25.00 late fee will be assessed if payment is not received by Wednesday. Nonpayment of 2 weeks or \$200.00 whichever occurs first will result in immediate suspension until payment is made in full.

There is a \$30.00 returned check fee on all returned checks. Cash or money orders will be accepted for replacement of check and service charge.

The fee is due and payable even in the event of the child's absence

One week vacation a year is permitted when 2 week notice is given in writing. Vacation equals a child's Week. If child attends two days, their vacation is two days.

Two week notice in writing must be given when withdrawing from Miss Pam's. Failure to do so will result in charges for the two weeks-no exceptions.

I agree to abide by the above statements Guardian's Signature _____ Date _____