

Loving Hearts Little Hands Childcare Waitlist Contract:

Name: _____

Birthday: _____

Start Date: _____

Enrollment Days: _____

Mothers Name: _____

Phone Number: _____

Email Address: _____

Fathers Name: _____

Phone Number: _____

Email Address: _____

I _____ want to hold a spot for my child starting on _____ . I understand that the first 2 weeks of care is due over 6 weeks span and I will be billed. I also understand if I pull care or start later than the date I listed, I will not get a refund. If I have a newborn, I understand that I will need to set a start date with the director 10 days after my child's birthday. By doing this, my childcare spot will be guaranteed on my start date.

Signature: _____ Date: _____

Director: _____ Date: _____