

**BUTTERHILL DAY SCHOOL**

CHILD'S Name: \_\_\_\_\_

Please Circle Days Your Child Will Attend: Mon. Tues. Wed. Thurs. Fri.

Please Fill In the Hours Your Child Will Attend: \_\_\_\_\_

I have read the policy statement of the Butterhill Day School and agree to comply with the rules and regulations.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I understand the fee agreed upon is due regardless of my child's attendance.

Fee: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The following person/s may pick up my child. I understand they will be asked for a form of identification at the time of pick up.

\_\_\_\_\_ phone: \_\_\_\_\_

\_\_\_\_\_ phone: \_\_\_\_\_

\_\_\_\_\_ phone: \_\_\_\_\_

I understand that there will be a late fee of \$20.00 per half hour starting at 5:35.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I accept full responsibility for my child's transportation to and from the center.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_