



1911 Elkhorn Court ♦ San Mateo, CA 94403 ♦ 650.638.9300 ♦ Fax: 650.638.9333 ♦
www.littlecitykids.com ♦ Facility Numbers: 414002585/414002584

Parent Agreement

Little City Kids-San Mateo is open from 6:00 a.m. to 6:00 p.m., Monday through Friday. We serve children ages 6 weeks to 5.9 years of age.

- By signing this agreement, I agree to pay the \$150.00 registration fee (per child), as well as the first month's tuition (prorated as appropriate for the proposed start date)
- I agree to pay each month's tuition in advance (by the first of each month).
- I agree that I am enrolling for _____ days per week, at a cost of _____ per month.
- My child will be starting on: ____/____/____
- I understand that, in the event my account becomes over 7 days past due, Little City Kids-San Mateo will charge the outstanding balance:

To my credit card:

• Type:

- Visa
- Mastercard
- Discover
- American Express

- Credit Card No. _____
- Expiration Date: ____/____
- 3 Digit Security Code: ____ _
- Zip code ____ _

To my personal bank account, via direct ACH withdrawal (please attach voided check)

- Bank Routing number: _____
- Bank account number: _____
- Type of account:
 - Checking
 - Savings

- I am aware that a \$10.00 bookkeeping fee will be charged to my account for any payments received after the 7th day of the month.
- I understand that a \$35.00 fee will be charged for all returned payments.
- I have reviewed the Parent Handbook (at www.littlecitykids.com), containing additional policies and procedures.
- A late fee will be charged for late pick-ups.

Signature of Parent/Guardian: _____ Date: ____/____/____