



10127 Northwestern Avenue ■ Franksville, WI 53126 ■ 262.884.4226

Parent Agreement

Little City Kids, LLC, is open from 6:00am to 6:00pm for children ages 6wks to 13 years.

- A late fee will be charged for late pick-ups.
- I agree to pay each week's tuition in advance.
- I agree that I am enrolling for ____ days per week at a cost of ____.
- I understand that, in the event my account becomes over 14 days past due, Little City Kids, LLC, will charge the outstanding balance:
 - To my credit card.
 - Credit Card #: _____
 - Expiration Date: ____//____
 - Type: Mastercard
 Visa
 Discover
 American Express
 - To my personal bank account, via direct ACH withdrawal (Please attach voided check).
 - Bank Routing Number: _____
 - Bank Account Number: _____
 - Type: Checking
 Savings
- I am aware that a \$10.00 bookkeeping fee will be charged to my account for any payments received after Friday of the active week.
- I understand that a \$35.00 fee will be charged for all returned items/checks, including ACH withdrawals. Second and third attempts to collect on returned items/checks plus all associated fees will be electronically presented to your bank.
- I have received my Parent Handbook, containing additional policies and procedures.

Signature of Parent of Guardian: _____

Date: ____/____/____