

## ACCEPTANCE FORM

This is to confirm that \_\_\_\_\_, (name of child) has been accepted for care by the provider and a place will be reserved until the first day of care which will begin on \_\_\_\_\_.

A deposit fee of \$ \_\_\_\_\_ is required. This enrollment fee will not be returned in the event that the child is not placed in care. When the child does begin care, the enrollment fee will be applied to the last **two (2)** week(s) of care.

One time registration fee: \$ \_\_\_\_\_

Deposit: \$ \_\_\_\_\_

Total amount due: \$ \_\_\_\_\_

Amount received: \$ \_\_\_\_\_

Balance owed: \$ \_\_\_\_\_

\_\_\_\_ Registration has been paid in full

\_\_\_\_ Deposit has been paid in full

\_\_\_\_ Partial payment has been received payment schedule to be as follows \$ \_\_\_\_\_ per week until remainder of balance is paid.

Date \_\_\_\_\_

Signature of parent(s)/guardian(s) \_\_\_\_\_

Signature of provider \_\_\_\_\_

**Please make checks payable to Kirsten Hansen**