



LEAPFROG
COMMUNITY DAYCARE

915 Round Lake Road
White Lake, MI 48386
P. 248-366-4475
www.leapfrogcommunitydaycare.com

Before and After Care GSRP Enrollment Contract

Date Submitted: _____

Date Enrolled: _____

I wish to enroll my child in Leapfrog Community Daycare.

Child's Name

Date of Birth

Weekly Rate: \$_____

Please fill in the information for the day(s) you wish to contract your child to attend:

I understand that the new tuition will be \$_____ per week.

Date	AM of Drop-Off Time	PM Pick-Up Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

I have received the Parents' Handbook and the Placement Contract.

Upon signing this Contract, the parent or legal guardian agrees to abide by all the provisions contained in the above-noted documents.

Parent/Guardian's Signature: _____

Date: _____

Director's Signature: _____

Date: _____