



Drop-In Contract

_____/_____/_____
[Child's Full Name] [Date of Birth] [Age] [] Male or [] Female

[Child's Home Address] [City] [State] [Zip Code]

I agree that *AstroTots Academy & Daycare* will provide care for my child.

Care will be provided on a Drop-In, as needed and space available, basis. I understand that the fee for Drop-In care is per child and age dependent. I also know that there is a 5% discount for multiple children. **I agree to pay *AstroTots Academy & Daycare* when I drop my child off at the center and not afterwards.** The tuition for care is:_____

Care will include meals and snacks according to the time of day the child is in our care.

PARENT/GUARDIAN CONTACT INFORMATION

[Mother's Name]

[Father's Name]

_____[_____]_____
[DL Number] [Cell Phone]

_____[_____]_____
[DL Number] [Cell Phone]

_____[_____]_____
[Home Phone]

_____[_____]_____
[Home Phone]

[Home Address - if different from child's address]

[Home Address - if different from child's address]

_____[_____]_____
[City] [State] [Zip Code]

_____[_____]_____
[City] [State] [Zip Code]

[Email]

[Email]

[Employer]

[Employer]

_____[_____]_____
[Work Phone]

_____[_____]_____
[Work Phone]

[Signature of Parent or Guardian]

_____/_____/_____
[Date]

[Signature of Director]

_____/_____/_____
[Date]