



# Parental Contract

Lighthouse Learning Center Preschool  
 3838 Jericho Road, Bismarck, ND 58503  
 (701) 255-1388; [www.ccclighthouse.com](http://www.ccclighthouse.com)  
 Email: [learningcenter@capitalcc.cc](mailto:learningcenter@capitalcc.cc)

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (state) (zip)

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Services will be provided to:

<i>Name of child</i>	<i>Birthdate</i>	<i>Days of attendance</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Basic Monthly Family Fee. . . due 10<sup>th</sup> of each month  
 [ 2 (\$130) / 3 (\$155) / 5 (\$200) days] \_\_\_\_\_  
 1-Time Registration Fee (\$50) . . . due upon enrollment \_\_\_\_\_

Parents or guardians agree to the following:

1. Reimbursement will be expected for any damages to property caused by your child(ren) in the center in excess of \$10.00.
2. One months notice will be given if you decide to withdraw your child(ren), or when the child(ren) will have extended absence for any reason.
3. The provider may terminate the agreement without giving any notice if the parent/guardian does not make payments when due.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
signature

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
signature

Provider: \_\_\_\_\_ Date: \_\_\_\_\_  
signature