Parent/Provider Contract

Name of Provider: Grow at Eden

Address: 1503 22000 Rd, Parsons, KS 67357

License: #80828	
Hours of Operation: 7am-6pm w/ e. (Separate hours apply after 6pm ar	xtended care after 6pm, based on staffing ability nd over 45hrs/week
Child's First Name	Child's Last Name
Child's Birthdate	Child's Age (years, months)
Child's Tuition Rate*	
*See Tuition Rate Sheet in Parent Han	dbook
Payment Timeline: Tuition is due the 15 example, Tuition is due Aug 15th for Se	oth of each month prior to the month of care. For eptember's childcare.
two week written notice via the Withdr	. 25), for details regarding withdrawal. Parents give a awal Form to end care. This leaves you with a minimum Prepaid tuition above and beyond a two week notice will
Dismissal: See parent handbook (pg 2- in a dismissal case	4) regarding policy, Prepaid tuition will not be refunded
Discipline & Guidance Policy: See pare	ent handbook. (pg. 21)
Parent	Date
Provider	Date

