Springfield College Child Development Center

715 Wilbraham Road, Springfield, MA 01109 (413) 788-2451



Schedule and Payment Contract

Enrollment Date			Date			
Scheduling Contrac	ct					
During the current school year,			_to			
I will send my child				on the	e following days.	
I understand that if I the applicable rate sl					have received a copy of e tuition schedule.	
Indicate:	Monday	Tuesday	Wednesday	Thursday	Friday	
Toddler						
Preschooler						
What time between	7:30 and 9:30	a.m. can we exp	ect you to deliver y	your child to the c	eenter?	
What time do you pl	an to pick up	your child at the	end of the day?			
Please indicate below	w any other pe	erson/persons aut	thorized to pick up	your child:		
Authorized person(s):				Pho	Phone:	
Relationship to child	l					
Authorized person(s):			Ph	one:	
Relationship to child	l:					
Darant/Guardian Six	noturo:					
Parent/Guardian Sig	nature.					
				Date:		