



**RECESS RESOURCES, INC.**  
**Cub Care Juniors Pre-School Programs**  
**Admissions Contract & Agreement**

Rev 1/2010

Child Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	School Year 2010-2011
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As the Parent/Guardian of the above named child, I agree to pay an annual (non-refundable) registration fee of **\$35.00** and the monthly fees for contract year indicated to **Recess Resources, Inc.** in accordance with the rates listed below for program services selected and the conditions of the following admission agreement.

**PRE-SCHOOL PROGRAM OPTIONS**

Honey Bears – 3’s Class	Honey Bees – 4’s Class	
<input type="checkbox"/> AM - 3 Days (Mon., Wed., Fri.) 9:10 a.m. to 11:40 a.m. September - June <i>Must turn 3 by Dec. 1<sup>st</sup></i> \$125.00/Month <i>Plus one time \$15.00 activity fee due in September only.</i>	<input type="checkbox"/> AM - 5 Days 9:00 a.m. to 11:45 a.m. (Mon. - Fri) \$195.00/Month <i>Plus one time \$25.00 activity fee due in September only.</i>	<input type="checkbox"/> PM - 5 Days 12:30 p.m. to 3:15 p.m. (Mon. - Fri) \$195.00/Month <i>Plus one time \$25.00 activity fee due in September only.</i>
Classes run September – June <i>Must turn 4 by Dec. 1<sup>st</sup></i> <b>Please Select Your Preference, final class placement may be dependent on UPK selection process.</b>		

*All Rates are based on a 10 month billing plan*

*Activity fees pay for any special publications such as “Weekly Reader” and Class Field Trips  
 Please note there may be some optional family events offered that are not included in this fee.*

**Modification Clause:** This agreement may be modified whenever any of the circumstances covered by this agreement changes. Such modifications may only be made in writing, and must be signed and dated by the parties involved in order to be binding and effective. Oral modifications are not binding under this agreement and shall not be enforceable under any conditions. **Termination of contract must be made in writing prior to December 1<sup>st</sup> of the program year.**

**I agree** to cooperate with the general policies of the program. To perform the obligations of the Parent and/or Guardians set forth in the admission agreement with regard to payment procedures, rules, regulations, and manuals promulgated and provided by the program. My signature below indicates that I have read the terms of this agreement and that all of my questions have been satisfactorily answered.

Signature	Date
Signature:	Date:

<b>Billing &amp; Primary Contact</b>	Ph#(hm):
Address:	Ph#(wk):
City, State, Zip:	Ph#(Cell)
Billing E-mail	Child DOB

**We are asking all our families to consider *Going Green* with paperless billing and payment options, have your invoice e-mailed and you can pay your bill on line with a debit or credit card at no additional cost. You will also receive your newsletter, permission forms & contract updates by e-mail**

Registration Fee of \$35.00 received on \_\_\_/\_\_\_/\_\_\_ Ck# \_\_\_\_\_ or Cash Receipt # \_\_\_\_\_ By: \_\_\_\_\_