



915 Green Ridge Center
 Mukwonago, WI 53149
 (262) 363-5202 Fax (262) 363-5204

Date _____

REGISTRATION/TUITION SCHEDULE

CONTRACT

Attendance Schedule- Please indicates hours of attendance for each day scheduled. A minimum two - day per week commitment is required.

START DATE _____

NAME OF CHILD	AGE	MO N	TUE S	WE D	THU RS	FRID AY

TOTAL WEEKLY TUITION _____

I HAVE REVIEWED TUMBLEWEEDz Learning Center's Policies i.e. Parent Handbook; and agree to all the terms set forth. I understand that if my account goes delinquent that I will be responsible for any and all fees required to collect the monies owed, in addition to 2% per month interest.

 Signed

 Parent's Name

 Date

 Witness

Address

Phone# Home

Work#