



3 Smith Street
East Hampton, CT 06424
860-267-0303 (phone and fax)
[Belltowndiscoverycenter@gmail.com](mailto:belltowndiscoverycenter@gmail.com)

Preschool Parent Service Contract

Child's name: _____

Early morning care (6:30 - 7:00 am): YES / NO (\$20 extra a week per child)

Full days needed	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Total weekly Tuition: \$ _____

If a family gets behind on tuition more than two weeks the child will not be able to attend until the balance is paid in full.

Rates may change at any given time due to inflation rates. An advanced notice will be posted.

I agree that I read and understand the handbook and policies.

I AGREE TO ALL CONDITIONS AS SET FORTH IN THIS CONTRACT AND PARENT HANDBOOK AND UNDERSTAND THAT THIS CONTRACT IS BINDING. This agreement is in effect from the date of signing until child departs from Belltown Discovery Center, LLC or parent signs a new contract after a room change.

Parent / Guardian's signature _____ Date _____