



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

School-Age Service Contract

Effective Jan. 1, 2025

Child's name: _____

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

Days needed normal school schedule	Am only	Pm only	Am & Pm	Full day on no school days
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Total weekly Tuition: \$ _____

If a family gets behind on tuition for 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 THE 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 a child departs from Belltown Discovery Center, LLC, or parents sign a new contract after a room change.

Parent / Guardian's signature _____ **Date** _____