



Palmer's Heavenly Heart Early Learning Center LLC

400 Maryland Ave Easton, MD 21601

888.725.8489 or 410.725.8489(Center Cell)

Email: info@palmersheavenlyheartsfcc.com

Upon Acceptance Form

By signing this form I/We hereby agree to:

Child's Name _____ Date of Birth _____

_____ Date of Birth _____

☐ Enroll this child(ren) at **Palmer's Heavenly Heart Early Learning Center LLC**, beginning on

_____ (Date)

☐ Upon acceptance, complete, sign and return all required forms before the first day of care.

☐ Upon acceptance, pay the following fee/s which are non-refundable if the child is not brought for

☐ An Enrollment/Registration/Supply Fee of \$100.00, to be submitted with the Upon Acceptance Form

☐ Tuition payment of \$_____ for the first week of care. Payment is due within one week of the date the child's enrollment was accepted.

☐ A Holding Fee of \$ _____/week to reserve this opening. Payment begins the Monday after the child's enrollment was accepted, and is due by 4:30 Monday each week that the opening is to be held.

☐ A Final Payment of \$ _____ (two week's tuition at the time of enrollment) for the last two weeks of care, due within one month of the date the child's enrollment was accepted. Payment may be spread over four weeks.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

PHHELC Director Signature

Date