



CONTINUING ENROLLMENT AGREEMENT

Child's last name _____ First name _____ MI _____

Child's date of birth _____ Name of CCS student (if applicable) _____

Parent/guardian _____ SID no. _____ - _____ - _____

Address _____ Phone number _____

City _____ State _____ ZIP _____

HS EHS Classroom number _____

Agreement beginning date _____ Review date (30 days) _____

3.5 hours per day: _____ a.m. to _____ a.m. / p.m.

Reason for agreement: _____

Review date comments: _____

NOTIFICATION CLAUSE: It is the responsibility of the parent/guardian to notify their Family Service Coordinator (FSC) if any of the above circumstances change. CCS Child Care fees remain in effect for hours of attendance that exceed this agreement.

SIGNATURES

Parent/guardian _____ Date _____

Center manager _____ Date _____

FSC _____ Date _____

Fiscal specialist _____ Date _____

REVIEW DATES (initial and date)

	30 days	60 days
Parent/guardian _____	Date _____	Date _____
Center manager _____	Date _____	Date _____
FSC _____	Date _____	Date _____
Fiscal specialist _____	Date _____	Date _____