

**Sumner School District Learning Centers**  
**253-891-6000**  
**2011-12**  
**Director: Pam Marshall Stoner**

**School:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Days we will need care:** M: \_\_\_\_\_ T: \_\_\_\_\_ W: \_\_\_\_\_ T: \_\_\_\_\_ F: \_\_\_\_\_  
(Days enrolled will be dependent on space. Completing this form does not guarantee you the days marked)

**Date Payment is Due:** \_\_\_\_\_

**Agreed upon amount:** \_\_\_\_\_

*Overtime Rate is \$1 per minute after program ends. Late tuition payment fees are \$5 per day*

I agree to promptly notify the Learning Center of any changes in the above information. I understand that I must notify the Learning Center 30 days in advance of the changes. I understand that I am fully responsible for the terms of this agreement as stipulated.

I have read, understand and agree to comply with the policy and procedures, information for families given to me by Pam Stoner, Director of Sumner School District Learning Center

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to provide services according to the above plan. I agree to promptly notify the parents or guardians of any changed to the above information

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_