

Child's name:				
	Las	t Fire	st	Middle
My child/rer	ı will no longer l	pe attending KOCO durir	ng this contract per	iod.
My child/rer	ı will be attendir	ng KOCO during this con	tract period, and la	agree to pay for the
following days M T V	V R F and session	ons the weekly amount of .		
				_
	Hours	Full time (5 days)	*	
	Before 6:30-7:00	\$ 10.00/we	eek	
	Total Tuition			
		pening care is available only on a		
	(no part tim	e or drop-ins allowed). Price is p	er child per week.	
,	-	al operations policies as s esponsible for weekly pay		
		6:00 pm every Tuesday fo		
		al fees, a 30-day written n	•	
•		vice time. In the event of e the start of my child's		
		me my child is signed into		
	• ,	child in when dropping of	f and sign out wher	n I pick my child up.
agree to pick up my o	child on time.			

Signature of Parent/Guardian

Date

^{*} KOCO will be closed for relocation. Parents will not be charged while KOCO is closed for this reason.