

# Great Lakes Child Development Center

4195 13 Mile Road Warren, MI 48092

(586) 268-8500

## FEE CONTRACT

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I agree to pay *Great Lakes Child Development Center* in advance on the first day of attendance each week of the calendar year in the sum of \$\_\_\_\_\_.

This fee is for the care of my child(ren) \_\_\_\_\_

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Days and times of attendance will be as follows: \_\_\_\_\_

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\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
GLCDC signature

\_\_\_\_\_  
Date