

# *Great Lakes Child Development Center*

4195 E. 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): \_\_\_\_\_

\_\_\_\_\_

Days and times of attendance: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date