Great Lakes Child Development Center

4195 E. 13 Mile Road, Warren, MI, 48092 * (586) 268-8500

FEE CONTRACT

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**