

**Office Use Only:**

Date registration paid \_\_\_\_\_ Amount \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_

**PARENT – PROVIDER CONTRACT FOR ADMISSION**

UNITED DAY NURSERY, INC.  
324 Chestnut Street  
Grand Forks, ND 58201  
Phone (701)-772-3773

I have read the Parent Handbook and on the basis of the information within, I would like to enroll my child at United Day Nursery (UDN). [please check one boy ( ) girl ( )]

\_\_\_\_\_  
(Name of Child) (Birth Date/Due Date) (Present Age)

Child Care & Preschool hours are: **6:45 am to 6:00 pm MONDAY through FRIDAY**

**Schedule:**

Hours child is to attend \_\_\_\_\_

Days child is to attend \_\_\_\_\_

MONTHLY TUITION due the first month \_\_\_\_\_, upon beginning.

I would like my child to start child care on \_\_\_\_\_ provided there is an opening.

I am enclosing the **NON-REFUNDABLE** registration fee for enrollment of my child.

REGISTRATION FEE:	Supply fee
One child from family \$35.00	\$40.00 per child
Second child in family \$15.00	[due annually (Sept.) or upon enrollment]

***I agree to the terms of this contract including the policies noted in the Parent Handbook.***

I agree to pay the NON-REFUNDABLE fee at the time of registration and the tuition at the first of the month for that month. ***I agree to follow the policies of United Day Nursery.***

I understand that United Day Nursery, Inc. will be checking parent’s names with the State of North Dakota Office of Attorney General Sex Offender Web Site in accordance with UDN Sexual Offenders on United Day Nursery Property Policy – adopted August 20, 2009.

\*As parents enrolling a child in UDN, I have been informed (read and told about) this policy; thus agree to abide by it as written.

Please PRINT, then write signature. Printed name: \_\_\_\_\_

\_\_\_\_\_  
(Parent’s or Guardian’s **Signature**) (Address) (Today’s Date)

\_\_\_\_\_  
(City) (State) (Zip Code) Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ **e-mail address:** \_\_\_\_\_

Social Security No. \_\_\_\_\_

Work Phone \_\_\_\_\_ Driver's License No. & State \_\_\_\_\_

Mother's Name \_\_\_\_\_ **e-mail address:** \_\_\_\_\_

Social Security No. \_\_\_\_\_

Work Phone \_\_\_\_\_ Driver's License No. & State \_\_\_\_\_

\_\_\_\_\_  
(Director's Signature)

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In the event that only one parent has custody of this child, please submit a court order stating which parent has custody:

\_\_\_\_\_ (Parent or Guardian Signature).

**THIS PARENT-PROVIDER CONTRACT MUST BE RETURNED  
WITH THE REGISTRATION FEE  
BEFORE YOUR CHILD WIL BE CONSIDERED FOR ENROLLMENT.**

~ **Placement is not considered reserved without monthly tuition being paid.** ~