

**+CHILD'S CONCEPTIONS
AKA
HOUSE AT POOH CORNER
311 E. Walnut Lane
Philadelphia, PA 19144
215-843-0815**

DEPOSIT AGREEMENT

DATE _____ **E-Mail Address** _____

CHILD'S NAME _____ **BIRTH DATE** _____

PARENT'S NAMES _____ **TELEPHONE** _____

ADDRESS _____

AMOUNT OF DEPOSIT \$ 35. _____ **(Please make check payable to
Child's Conceptions, Inc.)**

TYPE OF DEPOSIT (check one)

___ 1. **Waiting List** (Give time period for which you will wait) _____

I hereby understand and agree that my deposit for the waiting list is refundable if and only if a space is NOT available within my given time period listed above. If and when I enroll my child, my deposit will be applied towards the enrollment deposit.

Signatures of Parents

___ 2. **Enrollment Deposit** (Please give starting date, number of days and specific days needed) _____

I hereby understand and agree that enrollment deposits are NOT REFUNDABLE, if I decide NOT to start my child in the program. I further understand and agree that the enrollment deposit will be held as a tuition retainer once my child enrolls in the program. The tuition retainer will be held and later refunded upon leaving the program, if and only if one (1) months written notice of withdrawal from the program is given to the director.

Signature of Parent