



Oregon City Day School Tuition Policies/ Parent Contract

Childs name: _____ Classroom: _____

Drop off time: _____ Pick up time: _____

Days (circle) M T W TH F

Parents/Guardian Name: _____

Email Address: _____

I agree to abide by the policies set forth in the Tuition Policies Contract:

PARENT/GUARDIAN SIGNATURE & DATE

CENTER DIRECTOR & DATE