



Dear Embassy Row CDC Parent,

Thank you for deciding to join us here at Embassy Row Child Development Center! We are excited that you are joining our family, and are honored that you have chosen us to provide care for your child.

By now, you are aware of, and have agreed to, the tuition & fees for our center, which are as follows:

- **\$75 registration fee** (non-refundable)
- **Deposit (one month's tuition)** (will be applied to the last month of services if sufficient notice has been given as stated in the Parent Handbook)

Please note that if you choose not to enroll after you have paid fees, your **fees are nonrefundable**.

Again, we welcome you to our center. It is an honor that you've trusted us to provide quality care to your child. We are looking forward to partnering with you in their journey of learning and development!

Sincerely,

Kim Kelly
ERCDC Director

I, _____, parent of _____,
have read and acknowledged this policy for charges and fees.

Parent's signature _____ Date _____

Director's signature _____ Date _____

Embassy Row Child Development Center
3855 Massachusetts Ave NW
Washington, DC 20016
202-733-4152
www.EmbassyRowChildren.com



Dear Embassy Row CDC Parent,

Thank you for deciding to join us here at Embassy Row Child Development Center! We are excited that you are joining our family, and are honored that you have chosen us to provide care for your child.

By now, you are aware of, and have agreed to the tuition fees for our center. You also, more than likely, have been thinking about a start date for your child. We are aware that situations may occur and your start date may need to change. In any event that this becomes your situation, please be advised that once your deposit is paid, charges go into effect on the date that you indicate to us that your child will be starting. We will allow one change in start date. **On the second indicated start date, charges will go into effect and no other start date changes will be allowed.** Failure to pay all fees after the start date will result in forfeiture of your child's slot as well as your paid deposit.

Again, we welcome you to our center. And thank you for trusting us to provide quality child care to your child!

Sincerely,

Kim Kelly
ERCDC Director

I, _____, parent of _____,
have read and acknowledged this policy for charges and fees.

Parent's signature _____ Date _____

Director's signature _____ Date _____

Embassy Row Child Development Center
3855 Massachusetts Ave NW
Washington, DC 20016
202-733-4152
www.EmbassyRowChildren.com