CCDC

inspiring excellence in early childhood education

CONTRACT AND/OR PAYMENT ACCOMMODATION REQUEST

I request to make special arrangements to:

- **Contract Submission Request**

Turn in my contracts on: _____ (day of the week)

Reason for request: _____

- **Payment Schedule Request**

○ Weekly on: _____

○ Bi-Weekly on: _____

○ Monthly on: _____

○ Other: _____

Reason for request: _____

_____ _____

Parent/Guardian Signature Date

_____ _____

Director's Signature Date

Lisa Mowl | Director

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