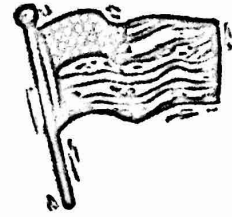


PlayPlace America Inc.



Enrollment Contract

Today's Date _____

Child(rens) Names _____ D.O.B. _____

_____ D.O.B. _____

Parent or Guardian Name _____

Parent or Guardian Social Security # _____ (for collection purposes)

Address _____

Phone (Home) _____ (Work) _____

(Cell) _____

How did you hear about our center? _____

Any allergies your child(ren) may have? _____

Days of attendance _____

Hours of attendance will be _____ a.m. to _____ p.m.

Start Date _____

Registration fee: \$~~1500~~500 (non-refundable) This will hold spot for up to 2 weeks

Deposit _____ (for holding spots longer than 2 weeks)

Tuition in the amount of \$ _____ will be paid weekly / biweekly / monthly and paid by the second day of care.

I understand and agree to the terms of the enrollment contract. By signing this contract I agree to give PlayPlace America Inc. 2 weeks of written notice prior to the termination of enrollment. If I fail to do so I understand that I will still be responsible for paying the tuition for those 2 weeks. Should I default, I agree to pay all costs of collection, including but not limited to Collection Agency fees up to 50% of the unpaid balance, court costs, and reasonable attorney's fee, all of which may be paid or incurred by the holder of this note.

Parent or Guardian

Date

Director

Date

We thank you for choosing PlayPlace America Inc. and warmly welcome your family to become a part of our growing family.