

FRAMINGHAM STATE COLLEGE  
JEANNE M. CANELLI CHILD DEVELOPMENT LAB

SUMMER PROGRAM 2008  
"EXPLORING THE WORLD AROUND US"

ENROLLMENT AND TUITION AGREEMENT

I agree to enroll my child \_\_\_\_\_ in the Jeanne M. Canelli Child Development Lab Summer Program for the week(s) checked below:

\_\_\_\_\_ WEEK 1: June 16 – June 20

\_\_\_\_\_ WEEK 2: June 23 – June 27

\_\_\_\_\_ WEEK 3: June 30 – July 4 (No school on July 4)

\_\_\_\_\_ WEEK 4: July 7 – July 11

\_\_\_\_\_ WEEK 5: July 14 – July 18

\_\_\_\_\_ WEEK 6: July 21 – July 25

I agree to pay the tuition of \$150.00 per week. An application deposit of \$25.00 per week is required to reserve a space in each session. Once the deposit is paid, the balance of the tuition for each week is due by the Wednesday prior to the week enrolled.

Application deposit (\$25.00 x number of weeks attending) = \_\_\_\_\_

I understand this tuition agreement is binding for the number of weeks I have indicated my child will attend. Withdrawal or absence will not constitute reason for any refund being made.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Please sign and date agreement and return with a check payable to:  
Framingham State College/Child Development Lab

Mail application and check to: Framingham State College  
Jeanne M. Canelli Child Development Lab  
100 State Street  
Framingham, MA 01701

For office use: Week(s) requested:

Week 1	Deposit rec'd. _____	Balance due by June 11	Paid _____
Week 2	Deposit rec'd. _____	Balance due by June 18	Paid _____
Week 3	Deposit rec'd. _____	Balance due by June 25	Paid _____
Week 4	Deposit rec'd. _____	Balance due by July 2	Paid _____
Week 5	Deposit rec'd. _____	Balance due by July 9	Paid _____
Week 6	Deposit rec'd. _____	Balance due by July 16	Paid _____