



WONDERING BEES CHILDCARE

“WISDOM BEGINS WITH WONDER” SOCRATES

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Letter of Intent for Child Care

Thank you for choosing Wondering Bees Child Care for your family.
Please complete the following information.

Child's Name: _____

Parent's Name: _____

Address: _____

Telephone: _____

Email Address: _____

Start Date: _____

Amount received: _____

In order to reserve the child care spot for _____, a non-refundable deposit equivalent to one week's tuition is required. Your deposit will be applied to your child's first week of tuition.

If for any reason I am not able to accept your child for care, your deposit will be refunded within 7 days of notification that I cannot provide care.

I look forward to welcoming your family to the Wondering Bees Child Care Family.

Sincerely
Nancy Namuth

Parent Signature/Date: _____