**LITTLE BLESSINGS LEARNING HOUSE**

**19306 PIERSON**

**DETROIT, MICHIGAN 48219**

PARENT CONSENT TO PAYMENT GUIDELINES & REGULATIONS

I fully understand that I will be required to pay regardless of whether my child attends full week or not, unless my child is hospitalized.

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

De’Chelle Reed State Licensed

Director