

Summer Session <u>Summary of Fees and Billing Policies</u>

Stu	dent(s) Name:	
Parent/Guardian Name:		Date:
Initials:	I have read and understand the KidSpace Child Care Salaron a copy of KidSpace Billing Standards/Fees to review.	Services Contract and received
Initials:	I have read and understand contract changes and winderstand received by Thursday at 6:00PM to be effective for the	
Initials:	I have read and understand a \$25 fee per week/per of cancellation is not received before the Thursday dead	_
Initials:	I have read and understand that full payment must be for contracted attendance the following week.	e received by Friday at 6:00PM
Initials:	I have read and understand there are no credits or reunused day (ex. Child suspensions, sick, etc.). Days make the week.	_
Initials:	I have read and understand accounts will be charg minute per child starting at 6:01PM.	ed a late pick up fee of \$3 per
Initials:	I understand that if my child is registered to attend KidSpace field trip, my child will must attend their eligible to attend the field trip.	_