



## Summary of Fees and Billing Policies

Student(s) Name: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Initials:

I have read and understand the KidSpace Child Care Services Contract and received a copy of KidSpace Billing Standards/Fees to review.

Initials:

I have read and understand contract changes and withdrawal forms must be received by Thursday at 6:00PM to be effective for the follow week.

Initials:

I have read and understand there are no credits or refunds given for absences or unused day (ex. Child suspensions, sick, etc.).

Initials:

I have read and understand account balances must be paid in full by Friday at 6:00PM, or account will automatically be charged a \$10 late fee.

Initials:

I have read and understand the parent/guardian must contact KidSpace before school dismissal to report absence, or a \$5 Child Finder Fee will be charged (PM only).

Initials:

I have read and understand accounts will be charged a late pick up fee of \$3 a minute per child starting at 6:01PM.

Initials:

I have read and understand that children will be withdrawn at the program's discretion when account is past due.