



## Summer 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 a \$25 fee per week/per child will be charged if cancellation is not received before the Thursday prior to contracted week deadline.

Initials:

I have read and understand that full payment must be received by Friday at 6:00PM for contracted attendance the following week.

Initials:

I have read and understand there are no credits or refunds given for absences or unused day (ex. Child suspensions, sick, etc.). Days may not be transferred within the week.

Initials:

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