



## Family Financial Agreement

### Please Initial:

I have read and understand all the financial policies and procedures for Our Kid's CDC

I agree to use the Brightwheel program to have my payment electronically debited from my account each Friday morning prior to services rendered

I understand that if my payment is NOT received every Friday in advance of services rendered, my services will be suspended until tuition is received in full

I understand that if at any time I wish to terminate services with Our Kid's CDC, I will provide a 2-week written statement to the center notifying. If I fail to do so I understand that I am still financially responsible for those 2 weeks of care.

I have read and understand the Subsidy attendance policy (if applicable)

I understand that my deposit is non-refundable

I agree I will follow the State of South Carolina's requirements and sign my child(ren) in and out daily (if applicable)

### Parent Acknowledgement:

I, \_\_\_\_\_, due hereby understand and agree to the financial agreement. I understand that this agreement can be cancelled at any time by Our Kid's CDC or by the Center Director with a two-week written notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_