



SUBSIDIES ACKNOWLEDGEMENT FORM

I, _____, Agree to the following Kiddieland ECE policy:

1. Agency payments that families receive on time, late or retroactive, are only to pay for the days that the child(s) attended Kiddieland ECE.
2. Agency payments will only be credited to their account, not refunded. The subsequent monthly copayments will be automatically deducted from this credit. Therefore; families are not required to make out-of-pocket payments until their credit is exhausted. Families will continue to receive monthly statements that state their remaining credit balance via email. Credit will only be refunded when families withdraw from Kiddieland ECE.
3. If families are not approved at the time tuition is due (the first of the month), the primary payer is responsible for the full monthly tuition until Kiddieland ECE is presented with a certificate of approval.
4. Families are responsible for paying out-of-pocket full daily tuition for all holidays, vacation, absentee days, early dismissal days, and emergency closings.

Signature of Parent Guardian: _____

Date: _____

Director Signature: _____

Date: _____