



Cookies Childcare
Family Financial Agreement

Please Initial:

___ I have read and understand all the financial policies and procedures for Cookies ChildCare

___ I agree to use the Tuition Express 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 Cookies ChildCare, 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 ODJFS attendance policy (if applicable)

___ I understand that my deposit is non-refundable

___ I agree I will follow the State of Ohio requirements and swipe my child(ren) in and out daily (if applicable)

___ I understand that if a 30 day-written notice is provided.

Parent Acknowledgement:

I, _____, due hereby understand and agree to the financial agreement. I understand that this agreement can be cancelled at any time by Cookies ChildCare or by the Center Director with a two-week written notice.

Signature: _____ Date: _____