



Family Financial Agreement

Please Initial:

- I have read and understand all the financial policies and procedures for The Emilia School
- I agree to use the Tuition Express program to have my payment electronically debited from my account each Monday morning prior to services rendered
- I understand that if my payment is NOT received every other Monday 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 The Emilia School, 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, I am granted one FREE week of tuition per calendar year so long as my account is current

Parent Acknowledgement:

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

Signature: _____ Date: _____