

Financial Agreement

Solon Learning Academy

201 Prairie Rose Lane

Solon, Iowa

Name of Child: _____

Date of Birth: _____

Enrollment Date: _____

Weekly Fee: _____

Hours/Week (circle one): 40+ or <40

Parent(s) Name: _____

Address: _____

Primary Phone: _____ Additional Phone: _____

Employer: _____

Payment Regulations:

- Full payment is required regardless of weather related closings, holidays, vacation days, or sick days.
- If a payment is received later than 6:00 p.m. on the day it is due, \$5.00 will be added to your payment each day it is late. A charge of \$30.00 NSF fee will be added to all returned checks.
- A 30-day notice must be submitted in writing in order to change or terminate this agreement.

Parent/Guarantor Signature: _____ Date: _____

Parent/Guarantor Signature: _____ Date: _____

SLA Administrator: _____ Date: _____

OFFICE USE ONLY

Deposit Amount: _____ Paid on: _____ Start Date: _____

Date guaranteed: _____ Classroom: _____ Staff Signature: _____