

**FINANCIAL AGREEMENT**  
**SBA Preschool and Early Birds & Night Owls**

**I/We agree:**

- To pay all financial obligations to SBA Preschool and/or Early Birds & Night Owls on or before the 5th of each month in order to avoid a late fee of \$20.00.
- To contact the Financial Officer to discuss payment options if a situation arises that prohibits the payment of these obligations.
- To pay for any damages caused by our child(ren).

**Further, I/We understand:**

- That any default of payment not settled within 30 days may result in the dismissal of children from the program and all records will be held until the matter is settled.
- That any default of payment could result in collection or attorney fees being added to the balance owed.
- That this form authorizes the program staff to arrange for emergency medical care for my/our child(ren).

**I affirm this form contains only one signature because** (check and initial the box that applies):

- \_\_\_\_\_ I am the sole parent/guardian responsible for the care and custody of the child(ren) due to incapacity of the other parent/legal guardian as a result of a court order or death, OR
- \_\_\_\_\_ I have made a good faith effort to obtain the signature of the other parent/legal guardian, but have not been able to do so due to causes out of my control, and I am aware that by being the only person to sign, I am solely responsible for the obligations and duties under this agreement.
- \_\_\_\_\_ Does not apply

Child(ren)'s Name(s), Please print \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(mm/dd/yyyy)

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(mm/dd/yyyy)