

In order to keep SociAbilities running smoothly and efficiently, we have to implement and enforce the following payment, attendance and cancellation policy .We appreciate your understanding of the policy We hope that you will understand and that we can continue to meet your needs.

## Attendance/ Cancellation 4/2022

Services are delivered on a monthly basis. You must sign up for a month of services at a time. Your spot is reserved and assistants and monthly expenses are determined on each child's attendance. If you know your child will not be available for class or service, you must let SociAbilities know prior to the 25<sup>th</sup> of each month or you are responsible for the payment of all scheduled classes/ and services your child is enrolled in for the following month. If I do not hear from you by the 25<sup>th</sup> of the prior month, you will be responsible for the entire payment for the following month. We are not able to offer makeups/or credit toward classes missed effective April 1, 2022. If SociAbilities needs to cancel a class, you will not be responsible for payment of that session. If your child is too ill or contagious to attend SociAbilities, you will be given 1 grace session per calendar year if we are notified 12 hours in advance of scheduled session.

## **Payments**

Payments for services are billed monthly. Every client will receive a monthly statement. You are responsible for the bill presented and payment is due by the 1<sup>st</sup> of the month and late by the 5<sup>th</sup> of the month. A late fee of \$25.00 will be implemented and enforced for overdue payment. Any fees not paid by the 5th will result in suspension of services until fees are received. Payments can be mailed, hand delivered to SociAbilities. We accept cash, checks, Venmo and all credit cards. All credit cards are ,subject to a 3% service charge I will automatically charge for services unless otherwise instructed. You will receive a copy of the invoice to check for accuracy before the 1<sup>st</sup> of the month.

Student's Name	_Date
Parent's Name	
I have read and understand the above policies for at payments and agree to conditions for enrollment for	

Signature\_