



Account Agreement

The following information is required in order to enroll your child at Kid Fit.

Child's Name: _____

Parents Name: _____

Address: _____

Phone:(Home)_____ (Cell)_____

Fathers Employer:_____ (Phone)_____

Fathers Work Address: _____

Fathers Social Security # _____ TDL# _____

Mothers Employer:_____ (Phone)_____

Mothers Work Address: _____

Mothers Social Security # _____ TDL# _____

Nearest Relative:_____ Address:_____

The undersigned agrees and accepts that the services rendered for child care are subject to the following conditions:

- 1) All tuition is due on Monday morning or when your child is dropped off for services.
- 2) Tuition not paid by 6:30 pm on Monday will be charged \$5.00 per day, including weekends, until paid.
- 3) In the event the account is turned over to an agency or attorney for collection, the parent or guardian agrees to pay all reasonable attorney fees, plus all agency collection fees, court costs, and late fees.

I accept Kid Fit's policies:

Parent Signature

Date

Staff Signature

Date

14744 Pebble Bend. ☎ Houston, Texas 77068

Office:(281) 537-1631 ☎ Fax:(281) 537-2907 ☎ Email: 1kidfit@comcast.net

www.1kidfit.com