



SOL Key Card System Agreement

I, _____ (guardian/parent name), confirm that I have received _____ (number of cards) keycards, specifically: _____, _____ (card(s) #), from Seed of Life Center for Early Learning and Preschool, Inc. at SOL Main. These keycards grant me access to the center.

I am fully aware that if these keycards are lost or not returned upon disenrollment from the center, I will be charged a fee of \$50.00 per card via ACH payment.

Signature of Parent/Guardian receiving cards

Date Received

Child(ren)'s Name(s):

