



Day Program Financial Agreement Private Pay

Participant Name:

DOB: _____ Age: _____

Guardian Name/Responsible for Payments: _____

Relationship to Participant: _____

The tuition for the schedule I chose is \$ _____

PAYMENT OPTIONS:

_____ Paying Up front before August 24, 2020

_____ Pay via check monthly on the 1st (Amount will be \$ _____ each month)

Payments begin August 1 and end on May 1.

Parent/Guardian Signature

Date

Director Signature

Date