



Day Program Financial Agreement (CDC+)

Participant Name:

DOB: _____ **Age:** _____

Guardian Name/Responsible for Payments: _____

Relationship to Participant: _____

YES NO I am choosing to use CDC+ Funds.

I have received Building Pathways Packet to send to CDC+.

I have gotten approval on my child's Purchase Plan

(attach copy of Purchase Plan)

**My child's Purchase Plan's budget for the BP Day Program currently
is \$ _____ per month.**

(Please provide a copy of the child's Purchase Plan)

The tuition for the schedule I chose is \$ _____



Day Program Financial Agreement (CDC+)

Participant Name: _____

YES NO The CDC+ Funds will cover all the costs for the year.

If CDC+ Funding does not cover the costs for the year what is the balance owed monthly/yearly? \$_____

I will pay the balance owed: (initial below)

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

The first payment will be August 1, 2026.

I am responsible for the tuition fees if there is any delay from CDC+ beyond 30 days of billing.

Parent/Guardian Signature

Date

Director Signature

Date