



## 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 19, 2023

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

***Payments begin August 1, 2023 and end on May 1, 2024.***

I understand that if I choose to pay via check or check it is due the 1st day of each month. If payment is not received, participants cannot come for training until payment is made. There is a \$25 charge for any returned checks and if paid after the 5th day there will be a \$35 late charge fee.

\_\_\_\_\_ (Initials)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date