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, 2022

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

Payments begin August 1, 2022 and end on May 1, 2023.

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