

Participant Name: _____ Enrollment Date: _____



DAY PROGRAM YEARLY AGREEMENT 2026-2027

Participant Full Name: _____ DOB: ____/____/____

Parent/Guardian Name: _____ Relationship: _____

Schedule Chosen: (circle one) → 3 Day 5 Day

*3 Day Program does not include job training or shopping \$11,500 \$17,600

*Prorated Amount (January mid-year enrollment only) → \$ _____ \$ _____

Payments: (Check all that apply.)

Private Payment FES-UA (Monthly BP Billing) CDC+ BP (Invoicing Monthly sent to parent)

Please Read and Initial Each Agreement Below:

____ (Initials) I understand and agree that this is a yearly enrollment covering the program period of **August 17, 2026 through May 14, 2027**. Payment may be made in full or in monthly installments. Private payments can be paid by check, Zelle, CashApp, or Venmo and are due on the 1st day of each month. After the 5th there is a \$100 late fee. A \$35 fee will be applied for any returned checks.

____ (Initials) I understand and agree if my child has an CDC+ and/or FES-UA scholarship I must approve funds or upload invoices within 5 days. If scholarship payments are delayed by more than 30 days I will be responsible to pay. For FES-UA or CDC+, a confirmation letter with the ID # and an approved scholarship amount is required.

____ (Initials) I understand and agree that signing below this gives Patricia A. Myers, BCaBA consent to create Behavior Assessments and Plans throughout the year.

____ (Initials) **Daily Hours:** 8:30AM - 2:30PM. I understand and agree that my child cannot be dropped off before 8:20am and I understand if my child is picked up after 2:45pm there will be a late charge of \$1.00 per minute past 2:45pm.

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By signing below, I acknowledge and agree to a financial commitment for the full program year, or the remaining portion of the year at the time of enrollment. This obligation remains in effect even if my child withdraws early due to personal choice or is removed due to circumstances such as behavioral concerns or incidents. **No** refunds or credits will be issued for missed days or cancellations by the parent/guardian or the program.

Parent/Guardian Signature

Date

Participant Signature if over 18

Date

Building Pathways Foundation Director

Date