



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 18, 2025

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

Payments begin August 1, 2025 and end on May 1, 2026.

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 \$35 charge for any returned checks and if paid after the 5th day there will be a \$75 late charge fee.

_____ (Initials)

Parent/Guardian Signature

Date

Director Signature

Date