



DAY PROGRAM YEARLY AGREEMENT 2024-2025

Participant Printed Name: _____

Participant DOB/Age: _____

Guardian Printed Name: _____

First Date Enrolled: _____

(August 19, 2024 is the first day and Friday, May 16, 2025 is the last day)

Schedule Chosen: 3 Day 5 Day
(circle one) \$10,300 \$15,950

*Prorated amount if applicable _____
for mid year Jan enrollment only

*3 Day Program does not include job training or buying their daily lunches

Daily Hours: 8:30AM - 2:30PM

Payments: (Check all that apply)

___ **Private Payment- Check/Cash** ___ **FES-UA Monthly BP Billing**

___ **CDC+ BP Invoicing Monthly sent to parent**

(If using FES-UA or CDC+ we need a confirmation letter with the ID# and total of scholarship approved)

Check the box and initial underneath with each agreement.

I understand I have enrolled my child _____
for the year August 2024 - May 2025.

____ (Initials)

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 \$50 late charge fee.

____ (Initials)



Participant Name: _____

I understand if CDC+ and/or FES-UA payments are delayed by more than 30 days I will be responsible to pay.

_____ (Initials)

I understand by signing below I am committed to the full year financially or the remainder of the year that I enrolled for even if withdrawal is early.

_____ (Initials)

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

_____ (Initials)

I understand this is a yearly agreement (August - May). Payment for this can be made up front or monthly. There are no refunds for any missed days or cancellations by parent or program.

_____ (Initials)

I understand 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.

_____ (Initials)

Participant Name: _____

We want to partner with parents, participant, and Administration of Building Pathways Foundation to work towards independence in life, social, and job skills for _____.

(Participant Name)

The following dates BP is closed for August 2024- May 2025:

- **Monday, September 2**
- **Monday, October 14**
- **Monday - Friday, November 25 - 29**
- **Monday- Friday, Monday December 23- January 6**
- **Monday, January 20**
- **Monday, February 17**
- **Monday - Friday, March 17-21**
- **Monday, April 21**

Parent/Guardian Signature

Date

Participant Signature if over 18

Date

Building Pathways Foundation Director

Date