



## DAY PROGRAM YEARLY AGREEMENT 2023-2024

**Participant Printed Name:** \_\_\_\_\_

**Participant DOB/Age:** \_\_\_\_\_

**Guardian Printed Name:** \_\_\_\_\_

**First Date Enrolled:** \_\_\_\_\_

(August 21, 2023 is the first day and Friday, May 17, 2024 is the last day)

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

\*Prorated amount if applicable \_\_\_\_\_  
for mid year Jan enrollment only

**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 2023 - May 2024.

\_\_\_\_ (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 \$25 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 Patty 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 2023- May 2024:**

- **Monday, September 4**
- **Monday, October 9**
- **Monday - Friday, November 20 - 24**
- **Monday- Friday, Monday December 18- January 2**
- **Monday, January 15**
- **Monday, February 19**
- **Monday - Friday, March 18-22**
- **Friday, March 29**
- **Monday, April 1**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature if over 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Building Pathways Foundation Director

\_\_\_\_\_  
Date