**First United Methodist Church**

**On-Site Respite Ministry**

**Enrollment Contract**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_agree to the following regarding the enrollment process for the **Respite Ministry**:

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1. The Director has explained the admission and enrollment conditions so that I,\_\_\_\_\_\_\_\_\_\_ understand them.
2. I agreeto inform the **Respite Ministry** staffof any changes pertaining to the participant, including health, mental, and physical status.
3. I agree to arrange or be available for prompt pick-up if my family member or loved one should become ill or disruptive.
4. I agree to keep my family member or loved one out of the **Respite Ministry** if he or she has fever, the flu, or other contagious illness.
5. I agree to participate in requested family meetings when requested by the **Respite Ministry** staff.
6. I agree to notify the **Respite Ministry** staff if my family member or loved one will be absent from the program.
7. I agree billing procedures will involve statements being sent to the Caregivers at the end of each month. Payment is due within 10 days of receipt of the bill. Checks should be made to First Methodist. Please note in the memo line, “respite ministry for…”.

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 Participant’sName

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Caregiver’s Signature Date