Family R.O.C.K. Reaching Out to Christ’s Kids

Day Activity Program for Adults with Special Needs

**Financial Agreement**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ZIP:\_\_\_\_\_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | **Please check the days attending** |
|  | Monday  |
|  | Tuesday |
|  | Wednesday |
|  | Thursday |
|  | Friday |

 How is the client paying for Days program?

 Self-Pay

 Provider

 Daily amount paid by provider $\_\_\_\_\_\_\_\_\_\_\_

**Provider Information**

The below mentioned provider will be contacted by Family R.O.C.K. and will be responsible for a portion of the tuition payments recorded above. Client will be charged for any days absent that were not given a 2 week notice.

Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Caseworker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LOC/LON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daily Rate: $35

Payment Due: Weekly fees due in advance

Late Payment Charge: $25 after two days, suspension from program if more than 10 days late.

Return Check Charge: $35, if more than 2 are received within a 12 month period then only certified funds will be accepted after that

I agree to pay the daily rate of $35 due by the 1st day of the preceding week. Example; if your contracted week begins on Monday, then tuition is due by Monday morning. If a provider pays a portion of our tuition, I agree to pay the remainder by the 1st day of the preceding week.

**Late Pickup Fee:** A fee of $15 after 15 minutes late for pick-up will be incurred, then an extra $15 for every 15 minutes after that.

Any field trips and activities that incur a cost will be paid by parent/guardian before the event takes place in order for the client to participate. Client will be charged tuition based on day preferences above, regardless of attendance. Parent/Guardian agrees to give Family R.O.C.K. a two week advance notice of scheduling changes. Must get approval from a Director to use a sick day as a vacation day.

Parent/Guardian also agrees to give a two week notice of termination. I have read, understand, and agree to comply with the Family R.O.C.K. Financial Agreement.

Parent /Guardian/ individual (if over the age of 18) Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_