

# Financial Agreement



<b>PARTICIPANTS NAME</b>		
<b>PERSON RESPONSIBLE FOR PAYMENT</b>	<b>RELATIONSHIP TO PARTICIPANT</b>	
<b>MAILING ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>

<b>DDA CASE MANAGER NAME</b>	
<b>DDA PHONE</b>	<b>DDA EMAIL</b>

**AUTHORIZATION FOR PAYMENT OF SERVICES**

I authorize Tavon Learning Center to bill for services provided to my participant and to receive payment from: (Check all applicable payer sources.)

DDA – The participant has DDA respite funding to apply to Tavon Learning Center session fees which are determined by the daily schedule they have chosen.

I understand that respite hours need to be pre-authorized by the case manager and will be billed monthly. I also understand that in the case that DDA does not pay for the full month’s session fee, I will be responsible to pay the full amount owed at the current daily rate I have registered for. This fee is required to be paid in full and there will be no reimbursement in the event of absences during the session, as we are staffing based on enrollment of participants each month. I understand it is my responsibility to confirm that funding is available to cover the cost of this program before the program start date.

\_\_\_\_\_ **Initials**

PRIVATE PAY – I will pay a monthly session fee for my participant determined by the daily schedule we have chosen. This fee is required to be paid in full and there will be no reimbursement in the event of absences during the session, as Tavon Learning Center are staffing based on enrollment of participants for the month. I understand and agree to make payment via check or cash in full by the 5th of each month for the upcoming month. \_\_\_\_\_ **Initials**

**Late Fee:** Payment is expected to be paid in full, on or before the 5<sup>th</sup> of the month. A late fee of \$25 may be assessed if not paid by the 10<sup>th</sup> of each month. Participants may be suspended if payment is not received by the 15<sup>th</sup> of the month and risk losing their spot in the program. The participant may be required to re-register and pay a new \$50 registration fee. \_\_\_\_\_ **Initials**

**MY REQUESTED SCHEDULE:**

- |                  |  |  |
|------------------|--|--|
| <b>Monday</b>    | <input type="checkbox"/> 9:00 AM – 1:00 PM | <input type="checkbox"/> 1:00 PM – 5:00 PM |
| <b>Tuesday</b>   | <input type="checkbox"/> 9:00 AM – 1:00 PM | <input type="checkbox"/> 1:00 PM – 5:00 PM |
| <b>Wednesday</b> | <input type="checkbox"/> 9:00 AM – 1:00 PM | <input type="checkbox"/> 1:00 PM – 5:00 PM |
| <b>Thursday</b>  | <input type="checkbox"/> 9:00 AM – 1:00 PM | <input type="checkbox"/> 1:00 PM – 5:00 PM |
| <b>Friday</b>    | <input type="checkbox"/> 9:00 AM – 1:00 PM | <input type="checkbox"/> 1:00 PM – 5:00 PM |

\*Schedule agreed upon between participant/parent /guardian and Tavon Learning Center.

**SESSION FEES**

Initial one-time registration fee \$50  
 Session Fee: \$72.64 per half day \$145.28 per full day

**ADDITIONAL COSTS**

**Suggested Donation:** Tavon Learning Center has a Suggested Donation of \$1.25 per hour. You will receive a monthly request for a Suggested Donation for Monday – Thursday participation. This donation covers lunches, supplies, and visiting artist fees.

**Friday Outings:** Friday members have the option of keeping a debit card at Tavon or bringing cash on Fridays to cover lunch. The member may also choose to pack a sack lunch at Tavon. An invoice will be sent out the first week of the month for outing fees for the previous month. \_\_\_\_\_ **Initials**

# Financial Agreement



<p><b>TRANSPORTATION</b>                  Each participant is responsible for his or her own transportation to and from Tavon Learning Center. There will be a charge of \$1 per minute for any participant picked up after 5:15 pm. _____ <b>Initials</b></p>	
<p><b>INTRODUCTORY PERIOD</b>                  Participants will be accepted into the program after an introductory period to ensure that Tavon Learning Center’s program can adequately meet the participants’ needs and expectations. Tavon Learning Center has the right to discharge any participant from the program when the participant’s behavior puts either themselves, staff or other participants’ health and safety at risk. _____ <b>Initials</b></p>	
<p><b>PARTICIPANT COMMITMENT</b>                  I understand that I have committed to an agreed upon program schedule for my participant and am responsible for paying for all dates that I have committed to. _____ <b>Initials</b></p>	
<p><b>TIME AWAY</b>                  I understand that I must submit time away hours by the 14<sup>th</sup> of each month for the following month. These hours will be posted on Sign Up Genius. If the days are filled through Sign Up Genius before the first of the month you will not be charged for those days. If they are not filled you will be responsible for payment. You will be responsible for any time away reported after the 14<sup>th</sup> of the month. _____ <b>Initials</b></p>	
<p><b>MEALS</b>                  Lunch is provided for morning and all day participants, except Friday. Snack is provided for afternoon and all day participants.</p>	
<p><b>PARTICIPANT ILLNESS</b>                  Please keep your participant home if they are known to have any illness including but not limited to: fever, vomiting or diarrhea, and have not been cleared of these symptoms for at least 24 hours.</p>	
<p><b>TAVON LEARNING CENTER HOURS OF BUSINESS</b>                  Tavon Learning Center program operates Monday – Friday 9:00am – 5:00pm.                  Tavon Learning Center is closed all major holidays, the week between Christmas Day and New Year’s Day, and partial week closer during 4<sup>th</sup> of July week (exact dates will be posted on the monthly calendar).                  Tavon Learning Center will follow Issaquah School District closure dates related to inclement weather.</p>	
<p><b>ACKNOWLEDGMENT</b>                  I acknowledge that I have provided accurate participant information. I also acknowledge that the information provided in this agreement has been fully explained to me. I acknowledge that I completely understand and agree to this schedule and financial agreement and the requirements of this agreement. I acknowledge that this agreement will be followed as outlined until written notice is received giving notice of 30 days.</p>	
<p><b>PARTICIPANT/GUARDIAN (PRINT)</b></p>	
<p><b>PARTICIPANT/GUARDIAN SIGNATURE</b></p>	<p><b>DATE</b></p>
<p><b>TAVON LEARNING CENTER REPRESENTATIVE</b></p>	<p><b>DATE</b></p>