



## PRIVATE PAY PROGRAMS

The following programs are available for Private Pay and are not funded by the Children’s Trust.

**EARLY CARE – Monday – Friday (7:45am-8:45am) \$75 per week**

<input type="checkbox"/> 8/30-9/3	<input type="checkbox"/> 9/7-9/10	<input type="checkbox"/> 9/13-9/17	<input type="checkbox"/> 9/20-9/24	<input type="checkbox"/> 9/27-10/1	<input type="checkbox"/> 10/4-10/8	<input type="checkbox"/> 10/11-10/15
<input type="checkbox"/> 10/18-10/22	<input type="checkbox"/> 10/25-10/29	<input type="checkbox"/> 11/3-11/5	<input type="checkbox"/> 11/8-11/12	<input type="checkbox"/> 11/15-11/19	<input type="checkbox"/> 11/22-11-24	<input type="checkbox"/> 11/29-12/3
<input type="checkbox"/> 12/6-12/10	<input type="checkbox"/> 12/13-12/17	<input type="checkbox"/> 1/3-1/7	<input type="checkbox"/> 1/10-1/14	<input type="checkbox"/> 1/18-1/20	<input type="checkbox"/> 1/24-1/28	<input type="checkbox"/> 1/31-2/4
<input type="checkbox"/> 2/7-2/11	<input type="checkbox"/> 2/14-2/17	<input type="checkbox"/> 2/22-2/25	<input type="checkbox"/> 2/28-3/4	<input type="checkbox"/> 3/7-3/10	<input type="checkbox"/> 3/21-3/25	<input type="checkbox"/> 3/28-4/1
<input type="checkbox"/> 4/5-4/8	<input type="checkbox"/> 4/11-4/15	<input type="checkbox"/> 4/18-4/21	<input type="checkbox"/> 4/25-4/29	<input type="checkbox"/> 5/2-5/6	<input type="checkbox"/> 5/9-5-13	<input type="checkbox"/> 5/16-5/20
<input type="checkbox"/> 5/23-5/27	<input type="checkbox"/> 5/31-6/3	or		<input type="checkbox"/> all 37 weeks		

\$\_\_\_\_\_ Amount per week x \_\_\_\_\_ weeks = \$\_\_\_\_\_

**TEACHER PLANNING DAYS/HOLIDAYS (not funded by the Children’s Trust) from 9:00 am – 4:00 pm**

<input type="checkbox"/> Sept. 6, 2010	<input type="checkbox"/> Sept. 9, 2010*	<input type="checkbox"/> Nov. 1, 2010	<input type="checkbox"/> Nov. 2, 2010	<input type="checkbox"/> Nov. 11, 2010	
<input type="checkbox"/> Jan. 21, 2011	<input type="checkbox"/> Feb. 18, 2011	<input type="checkbox"/> Feb. 21, 2011	<input type="checkbox"/> Apr. 4, 2011	<input type="checkbox"/> Apr. 22, 2010	<input type="checkbox"/> May 30, 2011

\$105 per day (\$85, plus \$20 fees\*) for small group instruction

\$135 per day (\$115 + \$20 fees\*) for 1:1 ratio 9am-12pm cognitive therapy/field trip 12pm-4pm with group

\$120 per day (\$100 +\$20 fees\*) for 3:1 ratio all day                       185 per day (\$165 +\$20 fees\*) for 1:1 ratio all day

*\*All campers report to Bird Road Campus, 7425 SW 42<sup>nd</sup> Street on Sept. 9, 2010*

\$\_\_\_\_\_ amount per day x \_\_\_\_\_ Teacher Planning Days/Holidays = \$\_\_\_\_\_ (11 maximum)

**SUPER SATURDAYS (not funded by the Children’s Trust) from 9:00 am – 4:00 pm**

<input type="checkbox"/> 8/7/10	<input type="checkbox"/> 8/14/10	<input type="checkbox"/> 8/21/10	<input type="checkbox"/> 8/28/10	<input type="checkbox"/> 9/4/10	<input type="checkbox"/> 9/11/10	<input type="checkbox"/> 9/18/10	<input type="checkbox"/> 9/25/10	<input type="checkbox"/> 10/2/10
<input type="checkbox"/> 10/16/10	<input type="checkbox"/> 10/30/10	<input type="checkbox"/> 11/13/10	<input type="checkbox"/> 12/11/10	<input type="checkbox"/> 1/15/11	<input type="checkbox"/> 1/22/11	<input type="checkbox"/> 2/5/11	<input type="checkbox"/> 2/19/10	<input type="checkbox"/> 3/19/11
<input type="checkbox"/> 4/2/11	<input type="checkbox"/> 4/16/11	<input type="checkbox"/> 5/14/11	<input type="checkbox"/> 5/28/11	<input type="checkbox"/> 6/4/11	<input type="checkbox"/> 6/11/11	<input type="checkbox"/> 6/18/11	<input type="checkbox"/> 6/25/11	<input type="checkbox"/> 7/2/11
<input type="checkbox"/> 7/9/11	<input type="checkbox"/> 7/16/11	<input type="checkbox"/> 7/23/11	<input type="checkbox"/> 7/30/11	<input type="checkbox"/> 8/6/11	<input type="checkbox"/> 8/13/11	<input type="checkbox"/> 8/20/11	<input type="checkbox"/> 8/27/11	

*\*All campers report to Bird Road Campus, 7425 SW 42<sup>nd</sup> Street on Sept. 18, 2010*

\$105 per Saturday (\$85, plus \$20 fees\*) for small group instruction

\$135 per day (\$115 + \$20 fees\*) for 1:1 ratio 9am-12pm cognitive therapy/field trip 12pm-4pm with group

\$120 per day (\$100 +\$20 fees\*) for 3:1 ratio all day                       185 per day (\$165 +\$20 fees\*) for 1:1 ratio all day

\$\_\_\_\_\_ Amount per day x \_\_\_\_\_ Saturdays = \$\_\_\_\_\_ ( 35 maximum)

*\*Fees include \$8 bus, \$7 field trip, \$5 lunch = \$20*

**PRIVATE PAY WINTER & SPRING CAMP**

**WINTER CAMP** (Dec. 20, 21, 22, 23, 27, 28, 29, 30, 31, 2010) – 9 DAYS

(All prices include fees for bus transportation, field trips, and lunch)

**OPTION I – small group instruction**

\$765 for all 9 days or  \$105 per day

**OPTION II – 1:1 ratio 9am-12pm cognitive therapy/ field trip 12pm-4pm with group**

\$1175 for all 9 days or  \$135 per day

**Option III - 3:1 ratio all day**

\$950 for all 9 days or  \$120 per day

**Option IV - 3:1 ratio (not available by the day) Cognitive and behavioral therapy from 9am – 12 pm for 2 days.**

Children may participate in camp from 12pm-4pm daily.

\$1175 for all 9 days

**Option V - 1:1 ratio all day**

\$1535 for all 9 days or  \$185 per day

**Option VI - 1:1 cognitive and behavioral therapy each day from 9 am – 12 pm.**

\$1035 for all 9 days or  \$125 per day

Enroll my child in option # \_\_\_\_\_  per week  per day

My Child will attend \_\_\_\_\_ days. (max. 9) x \$ \_\_\_\_\_ per week/by day = \$ \_\_\_\_\_ for Camp

\_\_\_\_\_ days of Early Care x \$15 per day = \$ \_\_\_\_\_ (max. 9) \_\_\_\_\_ days of After care (until 5pm) x \$15 per day = \$ \_\_\_\_\_ (max. 9)

**SPRING CAMP** (Mar. 29, 30, 31, April 1, 2, 2010) – 5 DAYS

**OPTION I – small group instruction**

\$420 for all 5 days or  \$105 per day

**OPTION II – 1:1 ratio 9am-12pm cognitive therapy/ field trip 12pm-4pm with group**

\$645 for all 5 days or  \$135 per day

**Option III - 3:1 ratio all day**

\$520 for all 5 days or  \$120 per day

**Option IV - 3:1 ratio (not available by the day) Cognitive and behavioral therapy from 9am – 12 pm for 2 days.**

Children may participate in camp from 12pm-4pm daily.

\$645 for all 5 days

**Option V - 1:1 ratio all day**

\$845 for all 5 days or  \$185 per day

**Option VI - 1:1 cognitive and behavioral therapy each day from 9 am – 12 pm.**

\$575 for all 5 days or  \$125 per day

Enroll my child in option # \_\_\_\_\_  per week  per day

My Child will attend \_\_\_\_\_ days. (max. 5) x \$ \_\_\_\_\_ per week/by day = \$ \_\_\_\_\_ for Camp

\_\_\_\_\_ days of Early Care x \$15 per day = \$ \_\_\_\_\_ (max.5) \_\_\_\_\_ days of After Care (until 5pm) x \$15 per day = \$ \_\_\_\_\_ (max 5)

\$ \_\_\_\_\_ **Total for Spring Camp** (includes Camp, Early Care & After Care)

Yearly Registration Fee Due with Application: CBC school families are considered members and their one time registration fee is \$190, Non members registration fee is \$225.

1. All scholarships are based on first come first serve priority given to the children who attend school full time.
2. Payments must be received by due date or reservation will be cancelled. Patrons are responsible for all charges for services rendered or reserved. For your convenience, our accounting department can calculate your total fees. Feel free to call the Kendall Campus as (305) 271-8790 or fax (305) 271-8789.
3. **CANCELLATION POLICY:** Due to the staffing in advance of small ratios (one teacher to 6 children maximum), cancellations and refunds are difficult to accommodate. If a parent should withdraw their child from the program for any reason including, but not limited to: dissatisfaction of the program, child is ill, parent moves away or must go out of town, inclement weather or any other reason, the director will review the request for refund and reserves the right to refund any fees. Registration fees are non refundable. Refund requests must be sent in writing to [cbrazer@cbc4autism.org](mailto:cbrazer@cbc4autism.org).
4. Parent further agrees that should it be necessary to use the services of an attorney and/or collection agency to collect its bills for any services rendered by the Center, Parent will be responsible for said fees, including but not limited to attorney fees, court costs, and other costs associated with said services. Parent also agrees to incur an additional 1.5% monthly interest rate commencing thirty (30) days after the due date.
5. Fees are based on a ten-month payment plan (September-June). School and holiday closings are taken into account when Out of School (OOS) fees are developed.
6. You must pay your monthly tuition by credit card or Debit Card charged on the 1<sup>st</sup> of the month.
7. When additional children from the same family are enrolled, a 10% discount is applied toward the lesser program fee.

Child's Name: \_\_\_\_\_

My Child  is a member  is not a member (See Item 1 above)

**PAYMENT SUMMARY**

Programs	
Registration Fee	\$ _____
After School - Children's Trust	\$ _____
Super Saturdays - Children's Trust	\$ _____
Super Saturdays - Private Pay	\$ _____
Early Care	\$ _____
Teacher Planning Days/Holidays Private Pay Camp Days	\$ _____
Winter Camp - Private Pay	\$ _____
Spring Camp - Private Pay	\$ _____
Summer Camp 2011 Children's Trust (includes registration fee for 2011-12) (or see page 6 if paying separately for Summer Camp)	\$ _____
Summer Camp 2011 Private Pay (includes early care & aftercare) or see page 6	\$ _____
<b>Total Programs for year</b>	\$ _____
<b>Total to be billed monthly for Programs (yearly amt/11)</b>	\$ _____

\$\_\_\_\_\_ Total Amount included with application. (This includes registration fee if you child did not attend Summer Camp 2010)

Bill my credit card the following amount \$\_\_\_\_\_ with registration.  Bill my credit card the following amount \$\_\_\_\_\_ per month on the first day of the month, beginning \_\_\_\_\_ for \_\_\_\_\_ months.

(Maximum 11, Jul. 2010 - May 2011)

Credit Card # \_\_\_\_\_ Visa  Mastercard

Name as it appears on card \_\_\_\_\_ Exp. Date \_\_\_\_\_ Zip Code: \_\_\_\_\_

I understand and agree that regardless of my insurance status I am ultimately responsible for the balance of my account. This includes any medical services rendered throughout the Carrie Brazer Center for Autism. Including but not limited to all insurance deductibles, co-payments, co-percentages and charges not covered by my insurance (if applicable). Arbitrary the determinations made by insurance companies such as usual and customary fees, do not apply to this unless the Carrie Brazer center is correct to the best of my knowledge. If myself or my spouse change insurance coverage and do not notify the Carrie Brazer Center in writing with proof of copy of new insurance card in a timely fashion; I agree to be responsible for the complete payment of any services rendered under their supervision.

Parent/Guardian (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

By \_\_\_\_\_ Personally known: \_\_\_\_\_ Produced Identification: \_\_\_\_\_

Print- Notary Name \_\_\_\_\_ Notary-Signature \_\_\_\_\_ Date: \_\_\_\_\_

State of: \_\_\_\_\_ Seal: \_\_\_\_\_

APPROVED BY: <u>Carrie Brazer, Executive Director</u>	_____
Signature	Date



**PAYMENT AGREEMENTS, FEES, PAYMENT OPTIONS, AND SIGNATURES FOR SUMMER CAMP 2011**

Yearly Registration Fee Due with Application: CBC school families are considered members and their one time registration fee is \$190, Non members registration fee is \$225.

- 1. All scholarships are based on first come first serve priority given to the children who attend school full time.
2. Payments must be received by due date or reservation will be cancelled. Patrons are responsible for all charges for services rendered or reserved. For your convenience, our accounting department can calculate your total fees. Feel free to call the Kendall Campus as (305) 271-8790 or fax (305) 271-8789.
3. CANCELLATION POLICY: Due to the staffing in advance of small ratios (one teacher to 6 children maximum), cancellations and refunds are difficult to accommodate. If a parent should withdraw their child from the program for any reason including, but not limited to: dissatisfaction of the program, child is ill, parent moves away or must go out of town, inclement weather or any other reason, the director will review the request for refund and reserves the right to refund any fees. Registration fees are non refundable. Refund requests must be sent in writing to cbrazer@cbc4autism.org.
4. Parent further agrees that should it be necessary to use the services of an attorney and/or collection agency to collect its bills for any services rendered by the Center, Parent will be responsible for said fees, including but not limited to attorney fees, court costs, and other costs associated with said services. Parent also agrees to incur an additional 1.5% monthly interest rate commencing thirty (30) days after the due date.
5. Fees are based on a ten-month payment plan (September-June). School and holiday closings are taken into account when Out of School (OOS) fees are developed.
6. You must pay your monthly tuition by credit card or Debit Card charged on the 1st of the month.
7. When additional children from the same family are enrolled, a 10% discount is applied toward the lesser program fee.

Child's Name: \_\_\_\_\_ My Child  is a member  is not a member (See Item 1 above)

\$ \_\_\_\_\_ Registration Fee  member (CBC student) = \$190  non member = \$225

\$ \_\_\_\_\_ Due for Children's Trust Summer Camp

\$ \_\_\_\_\_ Due for Private Pay Summer Camp

\$ \_\_\_\_\_ Due for After Care (\$75 weekly)

\$ \_\_\_\_\_ Due for Early Care (\$75 weekly)

\$ \_\_\_\_\_ TOTAL DUE FOR SUMMER CAMP

\$ \_\_\_\_\_ Total Amount included with application or by April 1, 2011 (20% or greater due with application)

\$ \_\_\_\_\_ Due May 1 \$ \_\_\_\_\_ Due June 1 \$ \_\_\_\_\_ Due July 1 \$ \_\_\_\_\_ Due August 1 (balance, paid in full)

I agree for the Carrie Brazer Center for Autism to debit my credit card according to the schedule I selected above.

Credit Card # \_\_\_\_\_  Visa  Mastercard or  Check# \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Exp. Date \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

By signing below, I agree to all the above provisions and commitments.

\_\_\_\_\_  
Parent/Guardian (Please Print) Signature \_\_\_\_\_ Date \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By \_\_\_\_\_ Personally known: \_\_\_\_\_ Produced Identification: \_\_\_\_\_

\_\_\_\_\_  
Print- Notary Name Notary-Signature \_\_\_\_\_ Date: \_\_\_\_\_

State of: \_\_\_\_\_ Seal: \_\_\_\_\_

APPROVED BY: Carrie Brazer, Executive Director \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_