

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"/> 8/29-9/2	<input type="checkbox"/> 9/6-9/9	<input type="checkbox"/> 9/12-9/16	<input type="checkbox"/> 9/19-9/23	<input type="checkbox"/> 9/26-9/30	<input type="checkbox"/> 10/3-10/7	<input type="checkbox"/> 10/10-10/14
<input type="checkbox"/> 10/17-10/21	<input type="checkbox"/> 10/24-10/27	<input type="checkbox"/> 11/1-11/4	<input type="checkbox"/> 11/7-11/10	<input type="checkbox"/> 11/14-11/18	<input type="checkbox"/> 11/21-11-22	<input type="checkbox"/> 11/29-12/2
<input type="checkbox"/> 12/5-12/9	<input type="checkbox"/> 12/12-12/16	<input type="checkbox"/> 1/3-1/6	<input type="checkbox"/> 1/9-1/13	<input type="checkbox"/> 1/17-1/20	<input type="checkbox"/> 1/24-1/27	<input type="checkbox"/> 1/30-2/2
<input type="checkbox"/> 2/6-2/10	<input type="checkbox"/> 2/13-2/17	<input type="checkbox"/> 2/21-2/24	<input type="checkbox"/> 2/27-3/2	<input type="checkbox"/> 3/5-3/9	<input type="checkbox"/> 3/19-3/23	<input type="checkbox"/> 3/26-3/29
<input type="checkbox"/> 4/2-4/5	<input type="checkbox"/> 4/9-4/13	<input type="checkbox"/> 4/16-4/20	<input type="checkbox"/> 4/23-4/27	<input type="checkbox"/> 4/30-5/4	<input type="checkbox"/> 5/7-5-11	<input type="checkbox"/> 5/14-5/18
<input type="checkbox"/> 5/21-5/25	<input type="checkbox"/> 5/29-6/1	<input type="checkbox"/> 6/4-6/7			or <input type="checkbox"/> all 38weeks	

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

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

Holidays	<input type="checkbox"/> Sept. 5, 2011 (Labor Day)	<input type="checkbox"/> Nov. 11, 2011 Veterans’ Day	<input type="checkbox"/> Feb 20, 2012 President’s Day	<input type="checkbox"/> May 28, 2012 Memorial Day
Teacher Work Days (Bird Road Only)	<input type="checkbox"/> Sept 29, 2011	<input type="checkbox"/> Jan 23, 2012	<input type="checkbox"/> Mar 30, 2012	<input type="checkbox"/> Jun 8, 2012

\$105 per day for small group instruction

\$135 per day for 1:1 ratio 9am-12pm cognitive therapy/field trip 12pm-4pm with group

\$120 per day for 3:1 ratio all day 185 per day for 1:1 ratio all day

\$_____ amount per day x _____ Teacher Planning Days/Holidays = \$_____

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

<input type="checkbox"/> 8/6/11	<input type="checkbox"/> 8/13/11	<input type="checkbox"/> 8/20/11	<input type="checkbox"/> 8/27/11	<input type="checkbox"/> 9/3/11	<input type="checkbox"/> 9/17/11	<input type="checkbox"/> 10/1/11	<input type="checkbox"/> 10/15/11	<input type="checkbox"/> 11/12/11
<input type="checkbox"/> 12/3/11	<input type="checkbox"/> 12/17/11	<input type="checkbox"/> 12/31/11	<input type="checkbox"/> 1/7/12	<input type="checkbox"/> 1/21/12	<input type="checkbox"/> 2/4/12	<input type="checkbox"/> 2/18/11	<input type="checkbox"/> 3/3/12	<input type="checkbox"/> 3/17/12
<input type="checkbox"/> 3/31/12	<input type="checkbox"/> 4/14/12	<input type="checkbox"/> 4/28/12	<input type="checkbox"/> 5/12/12	<input type="checkbox"/> 5/26/12	<input type="checkbox"/> 6/2/12	<input type="checkbox"/> 6/9/12	<input type="checkbox"/> 6/16/12	<input type="checkbox"/> 6/23/12
<input type="checkbox"/> 6/30/12	<input type="checkbox"/> 7/7/12	<input type="checkbox"/> 7/14/12	<input type="checkbox"/> 7/21/12	<input type="checkbox"/> 7/28/12	<input type="checkbox"/> 8/4/12	<input type="checkbox"/> 8/11/12	<input type="checkbox"/> 8/18/12	<input type="checkbox"/> 8/25/12

**Kendall Campus closed for Yom Kippur on October 8, 2011*

\$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 = \$_____ (34 maximum Bird,

WINTER CAMP (Dec. 19, 20, 21, 22, 26, 27, 28, 29, 30, 2011) – 9 DAYS

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

OPTION I – *small group instruction*

\$795 for all 9 days

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

\$1195 for all 9 days

Option III - *3:1 ratio all day*

\$970 for all 9 days

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.

\$1195 for all 9 days

Option V - *1:1 ratio all day*

\$1520 for all 9 days

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

\$1035 for all 9 days

Enroll my child in option # _____

My Child will attend _____ days. (max. 9) x \$ _____ per week = \$ _____ for Winter 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. 12, 13, 14, 15, 16, 2011) – 5 DAYS

OPTION I – *small group instruction*

\$440 for all 5 days

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

\$665 for all 5 days

Option III - *3:1 ratio all day*

\$540 for all 5 days

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.

\$665 for all 5 days

Option V - *1:1 ratio all day*

\$845 for all 5 days

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

\$575 for all 5 days

Enroll my child in option # _____

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)

PAYMENT AGREEMENTS, FEES, PAYMENT OPTIONS, AND SIGNATURES

1. Yearly Registration Fee Due with Application: CBC school families are considered members and their one time registration fee is \$185, Non members registration fee is \$225. New registration fee due with Summer Camp 2012 contract.
2. All scholarships are based on first come first serve priority given to the children who attend school full time.
3. 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.
4. 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 cbrazier@cbc4autism.org.
5. 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.
- 6. Registration payment due with application and first payment paid by August 15, 2011.**
7. No refunds will be given for absences or withdrawals for any reason(s) whatsoever. Withdrawal from school/camp must be in writing and received no later than 4 weeks prior to the last day of attendance/ withdrawal. The Carrie Brazer Center shall not refund any unused payment/s and parents shall remain liable for the full payment/s and shall continue to make agreed upon payment(s) even if the child has been withdrawn from the school/camp for any reason whatsoever, without right of set-off. [For purposes of this Agreement the term "for any reason whatsoever" shall include but not be limited to dissatisfaction with school/camp, lack of progress or improvement of child, dissatisfaction or any claim or allegation of negligence of any kind from any of the center's employees and/or staff, change of staff including change of classroom teacher or aids, classroom change of location or size and change of teacher to child ratio, change of location of facility, change of or lack of supplemental services (i.e., speech, occupational and physical therapy, music, yoga, horse-back riding, vocational services, community based outings)]. Additionally, Parent understands that this contract is for a full school/camp session of 10 weeks from June to August and parent is responsible for full payment in the event that Outside Contributions (i.e., Children's trust scholarship, corporate tax scholarships, grants or other outside financial assistance) may be terminated, decreased or withdrawn, for any reason whatsoever. By way of example, if the child is withdrawn prior to the completion of the school/camp year and any Outside Contributions are withdrawn/decreased, the parent remains liable for the entire annual payment/s plus any additional charges for the difference between the payment/s and outside contributions agreed upon as set forth above. Additionally, parent is understands that it shall remain liable for any and all budget cuts throughout the year from the Children's trust scholarship program or any other Outside Contribution. Parent agrees that the School/camp shall continue to charge the Parents account/credit card as per this Agreement (and as per the billing dates for both the payment/s and payment/s difference) as if the child remains enrolled in the program. Any and all Outside Contributions shall be due on the day the Outside Contribution would have been paid to the Center but for the withdrawal of the Student.
8. Parent acknowledges that payment/s and fees are to be paid by the 1st day of each month. After the 5th day of the month a late fee of 1.5% will be assessed monthly. If Outside Contributions of any kind are late, suspended or withdrawn, parent agrees to pay center within 5 days of expected payment from Outside Contributions. If payment is not received for any reason whatsoever by the Outside Contribution Source parent is responsible for said timely payment. If the Outside Contribution Payment is made after the Parent pays on behalf of the Outside Contribution Source, the School/camp will reimburse parent for the amount paid. The center reserves the right to withdraw student if parent fails to comply with the above said payment terms. 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 shall be responsible for said fees, including but not limited to, attorney fees, court costs, and any other costs associated with said services.
- 9. Fees are based on a ten-month payment plan (August-May). School and holiday closings are taken into account when Out of School (OOS) fees are developed.**
10. You must pay your monthly tuition by credit card or Debit Card charged on the 1st of the month.
11. 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	\$
Winter Camp	\$
Spring Camp	\$
Super Saturdays – Private Pay	\$
Early Care – Private Pay	\$
Teacher Planning Days/Holidays Private Pay Camp Days	\$
Summer Camp 2012 Registration fee	
Summer Camp 2012 Children's Trust	\$
Summer Camp 2012 Private Pay (If you require early care and/or after care, please check the boxes in the Private Pay Section, even if you are applying for Children's Trust Summer Camp)	\$
Total Programs for year	\$
Total to be billed monthly for Programs (yearly amt/10)	\$

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 10)

- August 15, 2011 September 1, 2011 October 1, 2011 November 1, 2011 December 1, 2011
- January 1, 2012 February 1, 2012 March 1, 2012 April 1, 2012 May 1, 2012

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 _____, 20____.

By _____ Personally known: _____ Produced Identification: _____

Print- Notary Name _____ Notary-Signature _____ Date: _____

State of: _____ Seal: _____

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