

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 \$150, Non members registration fee is \$185.
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 cbrazer@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. Fees are to be submitted with application.
7. When additional children from the same family are enrolled, a 10% discount is applied toward the lesser program fee

Child's Name: _____

\$ _____ 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 EXTENDED SUMMER CAMP**

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

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