

## Service & Financial Agreement

MEMBERS NAME		START DATE
PERSON RESPONSIBLE FOR PAYMENT		RELATIONSHIP TO MEMBER
MAILING ADDRESS (BEST ADDRESS FOR RECEIVING STATEMENTS & IMPORTANT UPDATES)		
CITY	ZIP	HOW DO YOU WANT TO RECEIVE YOUR STATEMENTS? <input type="checkbox"/> EMAIL <input type="checkbox"/> POSTAL MAIL
TELEPHONE NUMBER		EMAIL ADDRESS
DDA CASE MANAGER NAME		DDA CASE MANAGER EMAIL
DDA CASE MANAGER PHONE		

**\$50 Registration fee due with forms**

**AUTHORIZATION FOR PAYMENT OF SERVICES –**

I authorize Bridge of Promise to bill for services provided to my member and to receive payment from:  
 (Check applicable payer source.)

**DDA**– The member has DDA respite funding to apply to Bridge Academy 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 members each month. I understand it is my responsibility to confirm that funding is available to cover the cost of this program prior to program start date and prior to each session. (Sessions are per month) \_\_\_\_\_ **Initials**

**PRIVATE PAY** – I will pay a monthly session fee for my member 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 Bridge of Promise/Bridge Academy are staffing based on enrollment of members for the month. I understand and agree to make payment via online, check or cash in full by the first of each month for the upcoming month. **SESSION FEES:**

\$54.48 per half day \_\_\_\_\_ **Initials** / \$108.96 per full day \_\_\_\_\_ **Initials**

**Late Fee:** Payment is expected to be paid in full, one month in advance for the member. A late fee of \$25 will be assessed if not paid by the 10<sup>th</sup> of each month. Members could 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 Member may be required to re-register and pay a new \$50 registration fee. \_\_\_\_\_ **Initials**

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### MY REQUESTED SCHEDULE

(Please check the site/day/time box you're requesting)

\*Schedule must be mutually agreed upon between member/parent/guardian and Bridge Academy.

MEMBER NAME	DATE
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<input type="checkbox"/> BELLEVUE	
<input type="checkbox"/> MONDAY	<input type="checkbox"/> 9:00 AM – 3:00 PM
<input type="checkbox"/> THURSDAY	<input type="checkbox"/> 10:00 AM – 2:00 PM

<input type="checkbox"/> CARNATION			
<input type="checkbox"/> MONDAY	<input type="checkbox"/> 9:00 AM – 3:00 PM		
<input type="checkbox"/> TUESDAY	<input type="checkbox"/> 9:00 AM – 3:00 PM		
<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> 9:00 AM – 3:00 PM	<input type="checkbox"/> 9:00 AM – 12:00 PM	<input type="checkbox"/> 12:00 PM – 3:00 PM
<input type="checkbox"/> THURSDAY	<input type="checkbox"/> 9:00 AM – 3:00 PM		
<input type="checkbox"/> FRIDAY	<input type="checkbox"/> 9:00 AM – 3:00 PM	<input type="checkbox"/> 9:00 AM – 12:00 PM	<input type="checkbox"/> 12:00 PM – 3:00 PM

<input type="checkbox"/> KENT	
<input type="checkbox"/> TUESDAY	<input type="checkbox"/> 9:00 AM – 3:00 PM
<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> 9:00 AM – 3:00 PM
<input type="checkbox"/> THURSDAY	<input type="checkbox"/> 9:00 AM – 3:00 PM

<input type="checkbox"/> REDMOND			
<input type="checkbox"/> MONDAY	<input type="checkbox"/> 12:00 PM – 6:00 PM	<input type="checkbox"/> 12:00 PM – 3:00 PM	<input type="checkbox"/> 3:00 PM – 6:00 PM
<input type="checkbox"/> TUESDAY	<input type="checkbox"/> 9:00 AM – 3:00 PM	<input type="checkbox"/> 9:00 AM – 12:00 PM	<input type="checkbox"/> 12:00 PM – 3:00 PM
<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> 9:00 AM – 3:00 PM	<input type="checkbox"/> 9:00 AM – 12:00 PM	<input type="checkbox"/> 12:00 PM – 3:00 PM
<input type="checkbox"/> THURSDAY	<input type="checkbox"/> 9:00 AM – 3:00 PM	<input type="checkbox"/> 9:00 AM – 12:00 PM	<input type="checkbox"/> 12:00 PM – 3:00 PM
<input type="checkbox"/> FRIDAY	<input type="checkbox"/> 9:00 AM – 3:00 PM	<input type="checkbox"/> 9:00 AM – 12:00 PM	<input type="checkbox"/> 12:00 PM – 3:00 PM

<p><b>STANDARD ACTIVITY/OUTING FEES</b></p> <p>The standardized activity/outing fee per month is as follows:</p> <p>Members who attend Bridge Academy <b>1 day</b> a week the rate is <b>\$40 for the month</b> _____ <b>Initials</b></p> <p>Members who attend Bridge Academy <b>2 days</b> a week the rate is <b>\$60 for the month</b> _____ <b>Initials</b></p> <p>Members who attend Bridge Academy <b>3 + days</b> a week the rate is <b>\$75 for the month</b> _____ <b>Initials</b></p>
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<p><b>TRANSPORTATION</b></p> <p>Each member is responsible for his or her own transportation to and from Bridge Academy. Late charges will begin to accrue 15 min after the original pick-up time of \$1/min _____ <b>Initials</b></p>
<p><b>MEMBER COMMITMENT</b></p> <p>I understand that I have committed to an agreed upon program schedule for my member and if I want to change my members schedule, I must give one month's notice prior to doing so. Any changes in schedules will be subject to program available space. _____ <b>Initials</b></p>
<p><b>INTRODUCTORY PERIOD</b></p> <p>Members will be accepted into the program after an introductory period to ensure that Bridge Academy's program can adequately meet the members' needs and expectations. _____ <b>Initials</b></p> <p>Bridge of Promise/Bridge Academy has the right to discharge any member from the program when the members' behaviors put either themselves, staff or other member's health and safety at risk.</p>
<p><b>MEALS EACH</b> member is responsible for bringing his/her own lunch. _____ <b>Initials</b></p>
<p><b>MEMBER ILLNESS</b></p> <p>No member will attend the program 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. _____ <b>Initials</b></p>
<p><b>BRIDGE ACADEMY CLOSURES</b></p> <p>Bridge Academy is closed all major holidays and will close for the week between Christmas and New Years. Bridge Academy will also follow school district closure dates related to weather. _____ <b>Initials</b></p> <p><input type="checkbox"/> Bellevue    <input type="checkbox"/> Kent    <input type="checkbox"/> Lake Washington    <input type="checkbox"/> Riverview</p>

<p><b>ACKNOWLEDGEMENT</b></p> <p>I acknowledge that I have provided accurate member information. I 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 within this agreement. I acknowledge that this agreement will be followed as outlined until written notice is received giving 30 days' notice.</p>		
MEMBER/GUARDIAN NAME *	MEMBER/GUARDIAN EMAIL *	DATE
<p><b>ELECTRONIC SIGNATURE (PLEASE TYPE YOUR FIRST AND LAST NAME) *</b></p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		

*I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.*

BRIDGE ACADEMY REPRESENTATIVE	DATE
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