



Miracles and Memories Academy

Service & Financial Agreement

PARTICIPANTS NAME		
PERSON RESPONSIBLE FOR PAYMENT	RELATIONSHIP TO PARTICIPANT	
MAILING ADDRESS		
CITY	STATE	ZIP
TELEPHONE NUMBER		EMAIL ADDRESS
DDA CASEWORKER NAME		DDA CASEWORKER EMAIL
<p>AUTHORIZATION FOR PAYMENT OF SERVICES</p> <p>I authorize Miracles and Memories Academy to bill for services provided to my participant and to receive payment from: (Check applicable payer source.)</p> <p><input type="checkbox"/> DDD – The participant has DDD respite funding to apply to Miracles and Memories Academy session fees which are determined by the daily schedule they have chosen.</p> <p>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 DDD 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 prior to program start date. _____ Initials</p> <p><input type="checkbox"/> PRIVATE PAY – \$20.00 per hour. 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 Miracles and Memories Academy is staffing based on enrollment of participants for the month. I understand and agree to make payment via check or cash in full by the first of each month for the upcoming month. _____ Initials</p> <p><input type="checkbox"/> MPC – I understand that I will be charged a program fee in the amount of \$30 for a full day of attendance and \$50 for an extended day of attendance based on the days I have my participant enrolled in the program. This fee is required to be paid in full and there is no reimbursement in the event of absences during the session, as Miracles and Memories Academy is staffing based on enrollment of participants for the month. I understand and agree to make payment via check or cash in full by the first of each month for the upcoming month. _____ Initials</p> <p>Registration fee: \$50 one time fee due upon reserving your session schedule.</p> <p>Late Fee: Payment is expected to be paid in full, each month for the participant. A Late fee of \$25 will be assessed if not paid by the 15th of each month. Participants will be suspended if payment is not received by the 20th 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</p>		
*Limited scholarships available based on need and availability		



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<p>SCHEDULE:</p> <p>Participants will have set days and times they come to the center so that we can properly staff. This schedule needs to be established in January for current year, additional hours will be scheduled as staffing allows and at the discretion of Program Manager. _____ Initials</p>	
<p>TRANSPORTATION</p> <p>Each participant is responsible for his or her own transportation to and from Miracles and Memories Academy. There will be a charge of \$1 per minute for any participant picked up after 5:10 pm. _____ Initials</p>	
<p>INTRODUCTORY PERIOD</p> <p>Participants will be accepted into the program after an introductory period to ensure that the program can adequately meet the participants' needs and expectations. _____ Initials</p> <p>Miracles and Memories Academy has the right to discharge any participant from the program when the participant's behaviors put either themselves, staff or other participant's health and safety at risk.</p>	
<p>MEALS: Each participant is responsible for bringing his/her own lunch.</p>	
<p>PARTICIPANT ILLNESS</p> <p>No participant 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.</p>	
<p>MIRACLES AND MEMORIES ACADEMY HOURS OF BUSINESS</p> <p>Miracles and Memories Academy operates Monday thru Friday 9:00am – 5:00pm.</p> <p>Miracles and Memories Academy is closed on the following major holidays: New Years Day, Memorial Day, July 4th, Labor day, Thanksgiving, and Christmas Day. _____ Initials</p> <p>Miracles and Memories Academy will also follow Monroe school district closures and late start times related to inclement weather. If the school district has a 2 hours late we will also. If the Monroe schools are closed for weather we are Closed _____ Initials</p>	
<p>MIRACLES AND MEMORIES ACADEMY STAFFING PLAN</p> <p>Miracles and Memories Academy will maintain a staffing ratio of no less than three to one in order to keep the program financially viable. Lower ratios can be discussed if the need arises. _____ Initials</p>	
<p>ACKNOWLEDGEMENT</p> <p>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 within this agreement. I acknowledge that this agreement will be followed as outlined until written notice is received giving 30 days' notice.</p>	
<p>PARTICIPANT/GUARDIAN (PRINT)</p>	
<p>PARTICIPANT/GUARDIAN SIGNATURE</p>	<p>DATE</p>
<p>MIRACLES AND MEMORIES ACADEMY REPRESENTATIVE</p>	<p>DATE</p>



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