

Social Bridges™ Financial Agreement



Solutions for Children and Families, LLC

1155 Louisiana Ave., Suite 101, Winter Park, FL 32789

Group Member: _____

Responsible Party: _____

Address: _____

Name of Group: _____

New or continuing group member (check one): New Continuing

I understand that I am responsible for the professional fee for _____'s

participation in Social Bridges. This includes:

Intake Interview: \$ 100.00 (for new group members only - **in addition to tuition**) Date Paid: _____

Tuition: \$ _____

Initial Deposit : \$ 250.00 Date Paid: _____

The tuition balance of two- three additional monthly payments to be made as follows:

<u>Amount</u>	<u>Month</u>
\$ _____	_____
\$ _____	_____
\$ _____	_____

Other requested payment arrangement: _____

The complete tuition needs to be paid in full prior to the parent conference at the conclusion of the session. There are no interest or finance charges. It has been explained to me that I am responsible for the entire professional fee as well as for filing any insurance claims for possible reimbursement. There is no reimbursement for absences or withdrawal from the program.

Signature of Parent or Person Financially Responsible

Date