



Program Service Agreement

Participant Name:	This Agreement Is in Effect Commencing:
Parent/Guardian Fund Administrator (Payee):	And Shall Remain in Effect Until:
Payee Mailing Address:	Program Office Location:
Number of Program Days Per Week:	

Your scheduled program days are as follows (please select):

Services From April 1 – May 31, 2024

	Service Option	Cost	Billing schedule	Initial
Day Program	1:5 Full Day M T W TR F	\$112 /day	Invoiced at the beginning of each month for the current month	
1:1*	1:1 At Home M T W TR F	\$260/day	Invoiced at the beginning of each month for the current month	
1:2*	1:2 At Home M T W TR F	\$130/day	Invoiced at the beginning of each month for the current month	

Services From June 1 – March 31, 2025

	Service Option	Cost	Billing schedule	Initial
Day Program	1:5 Full Day M T W TR F	\$115 /day	Invoiced at the beginning of each month for the current month	
1:1*	1:1 At Home M T W TR F	\$270/day	Invoiced at the beginning of each month for the current month	
1:2*	1:2 At Home M T W TR F	\$135/day	Invoiced at the beginning of each month for the current month	

***Please note these services are no longer being offered but are honoured for those individuals that have been grandfathered.**

The following are Creating Alternatives billing policies:

- ✓ You will not be billed during program closures, for example, Statutory Holidays or Emergency Closure
- ✓ You will be billed monthly in full according to your service plan regardless of attendance
- ✓ Payment can be made via cheque, credit card or cash. Payment made by Credit Card will incur a 3% service charge.
- ✓ Payment is due within 30 days of receipt
- ✓ Overdue Invoices (over 30 days) may result in program interruptions
- ✓ Termination of Service: May be made through the provision of a **30-day written notice**, otherwise, Creating Alternatives will continue to bill for the following month.
- ✓ Any changes to the above service plan must be approved by Creating Alternatives.

By signing below, all involved agree to the plan above:

Fund Administrator (Payee) Name: _____

Signature: _____

Date: _____

Creating Alternatives Per: _____

Signature: _____

Date: _____

(Finance Office)