



**Financial Agreement**

Date: \_\_\_\_\_

\_\_\_\_\_ hereby registers to attend the McCormick Dementia Services  
Client Name

day program on the following days:

Mon	Tues	Wed	Thur	Fri	Sat	Sun
Mon PM	Tues PM	Wed PM	Thurs PM	Fri PM		

I accept responsibility for the payment of \$10 per day for sessions attended from Monday to Friday (9:30 a.m. to 3:00 p.m.) and/or \$19 per day for sessions attended on Saturday and Sunday (9:30 a.m. to 6:30 p.m.) as registered.

I acknowledge that an additional \$10 per day will be collected on behalf of Boys' and Girls' Club for transportation.

**The space will be kept for the client during his/her absence (planned or unplanned) and the user fee will apply until a discharge is requested by the client's decision maker.**

Should I arrange for overnight weekend stays, I agree that three weeks' notice must be provided for cancellations (e.g. Friday, Saturday or Sunday nights), otherwise I will be responsible for full payment of that reservation.

Charges for additional services are outlined in *Day Program Facts* and will be added to the monthly bill.

I understand that I will be billed on a monthly basis for this service and that I may discontinue the service at anytime.

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Relationship to Client \_\_\_\_\_