



The undersigned agrees to pay fees for services to **Impact Educator LLC**, in the amount outlined below:

PAYMENT:

Payments must be made prior to services. **Cash, checks and credit card** are all acceptable forms of payment.

Your payment will be:

(Monthly payments due on the 1st of each month, prior to services)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
** Please make checks payable to: IMPACT EDUCATOR LLC					

******For any check we receive from you, which is returned by the financial institution upon which it is drawn, a fee will be charged to your account, along with the payment in full.

****** Appointment no-shows count towards monthly total payment. If contacted at least 24 hours in advance to reschedule, a makeup appointment can be made for that month based on availability.

******Impact Educator LLC will make every good faith effort, utilizing knowledge and expertise, to meet appropriate results based on goal setting. No academic results are guaranteed. Fees are to be paid in full, even if the Responsible Party to terminate her efforts after commencement of the process, or if the individual withdraws for any other reason and leaves his/her program if services have begun for that payment period.

Disclaimer

These services are neither sponsored nor endorsed by the Beaver Dam Unified School District, its employees or agents. The materials, and the views and information they express, do not reflect the approval or disapproval of the district or school administration.

I understand the aforementioned information and have no additional questions:

Signature Parent / Guardian / Individual (18 years or older):

Date: _____