



PRIVATE PAY PRICE LIST AND FINANCIAL AGREEMENT

The **BASE hourly** for all children age 3-16 is \$17/hour with a 2 hour minimum. We staff at a ratio of 1 to 3 at this rate. Depending upon personal needs there may be additional charges (see chart below). Families are charged based upon the amount of time they *schedule* for care (we schedule staff based on these advance schedules and cannot provide discounts or refunds for picking up a child early or dropping off late).

Description	Rate	Mark if Needed	Describe circumstances
Field Trips (Lil' Friends occasionally participates in walking field trips that may range in cost. Cost will be included on field trip calendars and it is the parents' responsibility to know field trip details and cost and make advance arrangements for children NOT to participate)	Varies		
Toileting/hygiene ADD ON (child is incontinent often and requires a rigorous toileting routine or changing of products, clothing, etc. and cannot wash hands alone)	\$1.00 per hour		
Behaviors ADD ON (child needs constant supervision and reminders to maintain appropriate behavior, may have difficulty behaving appropriately with other children, at risk for major tantrums, climbing, elopement, emotional disorders that affect behaviors, severe frustration, etc. – may require 1:1 care if at risk for harming self or others)*	\$2.00+ per hour		
Special medical needs ADD ON(child has regular severe seizures, testing blood sugars, catheters, colostomies, care for prosthetics, stints, and other devices, oxygen, G-Tube care, 2-person lift, severe fall risk, etc. – may require 1:1 care)*	Varies		
Child requires a 1:1 ratio with staff/volunteers (Medication costs will still apply, all other above costs cancelled)	\$21.00 per hour (MAX RATE)		

*The above rates are based on day and evening care at our facility (children needing 1:1 support during the day may have additional fees).

**Additional fees may apply for other services not specifically mentioned above.

***This price list supersedes all previous pricing information.

Monthly bills will be sent out on the last business day of each month and payment is due on the last day of the following month. If outstanding balances are not paid by the tenth, your account will be considered delinquent, and you will be assessed a late charge of 10% of the total billed amount. If your account is not settled by the fifteenth day of the month, your child will be removed from schedule. When full payment is received, we will re-schedule based on space available. I/we acknowledge that I/we have read the Financial Agreement and understand all of the policies of that Agreement. My/our child, _____, as of _____ (start date), has entered the Lil' Friends program. The determined fee will be \$_____ per hour (see Price List) for regular and as needed care (this does not include fees for field trips and outings). I/we understand that we can revisit these fee amounts as needed by based on the changing needs and abilities of my child.

Parent Name (printed)

Signature

Date

Director's Name (printed)

Signature

Date