



## Enrollment Agreement

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned hereby enrolls \_\_\_\_\_ as a Partner in United Partners - Pflugerville. The terms of this Agreement shall be effective as of the first day of enrollment and shall be subject to periodic review. In accordance with this enrollment, I understand and agree to the following:

United Partners - Pflugerville (UP-Pf) reserves the right to dismiss, at any time, any Partner who in conduct, industry or progress, proves not to be in harmony with UP-Pf's programs and standards. A new Partner is admitted to United Partners - Pflugerville on a trial basis. If at any time it is apparent the program is not suited to meet the person's needs, the undersigned will be notified, and the Partner will be disenrolled.

1. For services and care provided by United Partners - Pflugerville, the undersigned agrees to pay the registration fee as well as the monthly program fee. **Monthly payments are due the first of each month.** Because space and service is reserved for each Partner, no credit shall be allowed for vacations, home visits, or other absences. In the event of major medical procedures resulting in multiple absences from the Program, you may submit a request to the Board for review of the Program fee for that time period. UP-Pf requires a 30-day notice of termination of services. Initial \_\_\_\_\_
2. Scholarship request does not guarantee approval; scholarship funds are limited and may not be available. Initial \_\_\_\_\_
3. UP-Pf shall have no liability or responsibility in the event of accident or injury. In the event medical attention is required, the UP-Pf staff will use its best efforts to notify the undersigned. If notification is not possible, the undersigned gives permission for UP-Pf to obtain medical attention at its own discretion. \_\_\_\_\_
4. COVID-19 safety requirements will be in force, which may include mask wearing, daily temperature check, physical distancing as much as possible, and any other guidelines provided by the County and State. Initial \_\_\_\_\_
5. The use of drugs or other illegal substances at United Partners - Pflugerville is STRICTLY PROHIBITED. Any and all offenses regarding this policy will be dealt with immediately and severely, and can result in prompt dismissal from UP-Pf. Initial \_\_\_\_\_
6. The undersigned has read this Agreement carefully and agrees to the regulations stipulated herein, and places no restrictions, other than those listed in the Application on the Partner's participation in the programs and activities at United Partners - Pflugerville. Initial \_\_\_\_\_
7. I affirm that the preceding information is a complete and true statement of all the facts and circumstances relative to this Partner's application for enrollment. Initial \_\_\_\_\_

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

\_\_\_\_\_  
Relationship to Partner

\_\_\_\_\_  
Signature