



PEREZ &
ASSOCIATES, LLC
DISCOVERING GIFTED MINDS

PAYMENT CONTRACT FOR SERVICES

Child's name: _____

Parent/ Legal Guardian: _____

I agree to pay Perez & Associates, LLC **\$430.00** for the preschool gifted placement assessment. I understand that this testing fee includes parent interview, administration, scoring, and report-writing. A **non-refundable** deposit of **\$215.00** is required at the time the gifted assessment is scheduled. The remaining assessment fee of **\$215.00** is required at the time of the face-to-face session. I understand that services will not be rendered unless this fee has been paid in full.

I understand that failure to present at the scheduled time or canceling less than 24 hours before the appointment will result in the **loss of my \$215.00 deposit**. In the rare instance my child is unable to complete the entire assessment, I understand I will be responsible for the entire fee of **\$430.00** to compensate for the utilized time.

Invoices will be emailed to the responsible party at the time of scheduling (**non-refundable deposit**) and at the time of the face-to-face assessment (remaining fee). Payments must be made via PayPal (Visa, Master Card, Discover, American Express).

Signature of person responsible for account: _____

Printed name of responsible party: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

Date: _____