



Community Partnerships of Idaho
Bright Beginnings: An ABA based early intervention program

Enrollment Application

Child's Name:

Date of Application:

Session Preference: Please check a box.

- AM Session (Monday - Thursday 8:30-11:30)
- PM Session (Monday - Thursday 12:00-3:00)
- Either AM or PM Session

Bright Beginnings early intervention program considers the family to be a crucial component of the treatment team. Family involvement is a necessary element to ensure the success of the child. Our goal is to educate and support families and provide them with the tools to teach, maintain, and further the development of their child. As a requirement of the program and of Habilitative Intervention in the State of Idaho Family Training is Required.

I agree to participate in Family Training weekly for 2.5 hours in my home. ____ (Please Initial)

Check all that apply:

- I am available on Fridays for Family Training between the hours of 8:30-11:30
- I am available on Fridays for Family Training between the hours of 12:00-2:30
- I am available on Fridays for Family Training between the hours of 3:00- 5:30

I agree to Participate in Family Education Classes quarterly for 1.5 hours as scheduled. The Family Education schedule will be given to you at the beginning of each new program year.
____ (Please Initial)

I have attached my application fee of \$50. This yearly fee is used for program materials. I understand that if I withdraw the application I forfeit the application fee.
____ (Please Initial)

By choosing this program I understand that the Bright Beginnings program will utilize the full Developmental Disability Services Act Early Budget and that I will need to coordinate with my case manager to accommodate program hours. (Please see attached Plan of Service (POS) budget breakdown.) ____ (Please Initial)

Parent/Legal Guardian Signature

Date