

Agreement for Joining Special Needs Support Program

Date: _____

To Whom It May Concern,

This letter serves as an agreement between **[Parent/Guardian Name]**, the parent/guardian of **[Child's Name]**, and **[Organization/Program Name]** regarding the participation in the Special Needs Support Program.

We agree to the following terms:

- **Program Duration:** [Start Date] to [End Date]
- **Location:** [Program Location]
- **Involvement:** [Details on participation and commitment]
- **Support Services Provided:** [List of services]
- **Fees:** [Outline any costs or payment structure]

We acknowledge that the program aims to support the unique needs of our child and agree to adhere to the program guidelines and policies.

Please sign below to confirm our agreement.

Parent/Guardian Signature

Program Coordinator Signature

Thank you for your support.

Sincerely,
[Parent/Guardian Name]
[Contact Information]