



Nicholas School

1306 Garbry Road • Piqua, Ohio 45356

Phone: (937) 773-6979 • Fax: (937) 778-2561

www.rcnd.org

Autism Scholarship/Jon Peterson Scholarship Program Fee Schedule

I _____, parent of _____,

am approving the following charges for my child for the 2026-2027 school year.

Occupational Therapy	\$100.00 hour/Set Rate
Physical Therapy	\$100.00 hour/Set Rate
Speech Therapy	\$150.00 hour/Set Rate
Aide Services	\$165.00 day/Set Rate
Education/Tuition Services	\$165.00 day/Set Rate
Nicholas School Intervention Services	\$165.00 day/Set Rate

I understand that charges for my child billed through the Autism Scholarship/Jon Peterson Scholarship are determined per my child's IEP and not all service charges may apply to my child. I agree to complete paperwork for reimbursement in a timely manner.

Parent Signature

Date



Located at the Hahn-Hufford Center of Hope