

# Campus Kids

## Summer Camp Fee Agreement 2019

Home School \_\_\_\_\_ Camp Site \_\_\_\_\_ Start Date \_\_\_\_\_

Child's (Children's) Name(s) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

**Weeks of attendance: Please check the weeks your child(ren) will attend. You will be responsible to pay for those weeks.**

Week 1: June 3-7 \_\_\_\_\_ Week 6: July 8-12 \_\_\_\_\_

Week 2: June 10-14 \_\_\_\_\_ Week 7: July 15-19 \_\_\_\_\_

Week 3: June 17-21 \_\_\_\_\_ Week 8: July 22-26 \_\_\_\_\_

Week 4: June 24-28 \_\_\_\_\_ Week 9: July 29-Aug 2 \_\_\_\_\_

Week 5: July 1-5 \_\_\_\_\_

**I agree to the pay the following tuition and fees:**

Registration fee ( non-refundable one time charge) \$50.00 per child

Weekly Fee \$170.00

Sibling Weekly Fee \$150.00

3 Day Week \$150.00

Sibling 3 Day week \$140.00

Daily Drop In \$60.00

|                       |                        |                                 |
|-----------------------|------------------------|---------------------------------|
| <b>Other charges:</b> | Insufficient funds fee | Maximum allowed by State Law    |
|                       | Late Payment charge    | \$10.00 per day (after Friday)  |
|                       | Late pickup charge     | \$1.00 each minute after 6:30pm |

Weekly program tuition is due on the Wednesday prior to the week of attendance. If my child is enrolled in the Campus Kids program I understand that I am responsible for the tuition due. Tuition is not based on attendance, but on the fees outlined herein.

If I do not pay for the services rendered according to this contract, I understand that my child can be withdrawn from the program.

Two weeks written notice will be needed to withdraw my child from the program.

Method of Payment: May be check, money order or cashiers check.

Weekly ( ) Bi-monthly ( ) Monthly ( )

I agree to the terms of this contract and am responsible for all costs including costs of suit for collections (including but not limited to reasonable attorneys fees) if necessary. Interest shall accrue on unpaid balances at the rate of eighteen percent (18%) annualized or at the maximum rate allowed by State Law whichever is less.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_