



FEE AND ATTENDANCE AGREEMENT

SCHOOL AGE CONNECTIONS SUMMER CAMP 2017

May 30th – August 4th

Monday – Friday | 7:30 am – 5:30 pm

2021 5th Ave. West, Huntington, 25704

Enrolled Child/Children's Name _____

TUITION:

Private Pay families:

Weekly full-time tuition	\$100/week
Daily part-time tuition	\$25/day
Partial day tuition (5 hours or less)	\$15/half day

Link Subsidy families:

- The daily fee for my child is \$_____ per day.
- I understand that I will be billed the Private Pay tuition for days/hours not covered by my certificate.
- I understand that even if a certificate was issued for my child during the school year, I must provide a new Link certificate for summer camp.

All Families:

- I understand that there is a \$15 enrollment fee due upon enrollment for each child. (This fee will be waived for families who were enrolled in one of our afterschool programs for the 2016-2017 school year.)
- I understand that there is a \$10 supply fee due upon enrollment for each child.
- I understand tuition is due each week on Monday.
- I understand that if tuition is not paid by Friday of each week, a late fee of \$10.00 per child will be assessed.
- I understand that if my fees are not paid in full, I will forfeit my child's space in the summer camp program.
- I understand that a late pick up fee will be charged to me when my child is picked up after closing time in the amounts of \$5.00 for the first 5 minutes, and \$2.50/minute thereafter.

Please indicate the weeks your child will be attending the summer program.

<i>Week</i>	<i>Dates</i>	<i>Select</i>	<i>Week</i>	<i>Dates</i>	<i>Select</i>
Week 1	May 29-June 2		Week 6	July 3-7	
Week 2	June 5-9		Week 7	July 10-14	
Week 3	June 12-16		Week 8	July 17-21	
Week 4	June 19-23		Week 9	July 24-28	
Week 5	June 26-June 30		Week 10	July 31-August 4	

If enrolling PART TIME:

Please indicate the days your child will be attending on a weekly basis:

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Social Security Number _____

Social Security Number _____

Program Director Signature _____

Date _____