

Check# _____ Cash _____ Grade _____
Credit Card _____

SUMMER CAMP 2017 Program Contract

Agreement between _____ and the JEFFERSON CHILD CARE AND
(Parent or Guardian)
EDUCATION CENTER for the provision of service to _____
(Child's Name/Date of Birth)

Weekly tuition includes tee shirt, activities and trips.

Check One: 2 days \$88 (T/Th) _____ 3 days \$132 (M/W/F) _____ 5 days \$220 (M-F) _____

Contracted part time days cannot be changed.

Tuition assistance may be available to eligible families.

I agree to pay a fee of \$ _____ for each week that my child is enrolled. I agree to pay two weeks tuition in advance that will be held for the last two weeks of camp. Fees are due one week in advance of camp services. A negative balance on any Friday may result in my child being refused admittance into the camp program on the following Monday morning. I understand that there will be no reduction in fees for Holidays and Emergency closings.

initial

Contracted weeks of service – No changes after May 1st

The first day of camp is Monday June 26, 2017

Signature of Parent or Guardian

Week of:

June 26, 2017

July 3, 2017

July 10, 2017

July 17, 2017

July 24, 2017

July 31, 2017

August 7, 2017

August 14, 2017

August 21, 2017

The last day of camp will be Thursday August 24, 2017

CONTRACT CHANGES

I agree to sign up for the specific weeks my child will be attending Summer Camp at the end of this contract. Changes in contracted vacation time will be accepted by the Child Care Office, IN WRITING ONLY, before May 1, 2017. NO CHANGES IN CONTRACTED VACATION WEEKS WILL BE ACCEPTED AFTER May 1, 2017. After May 1, 2017 you will be billed for every week contracted for care, regardless of whether or not your child is in attendance. _____ initial

I understand that the part time contracted days I signed up for cannot be changed.

Initial

I understand that I will be required to withdraw my child from camp if after a one-week period for adjustment my child either through behavior, attitude or verbalization is constantly disruptive to the children, staff or Camp Program.

Initial

RIGHT TO APPEAL

I understand that I have the right to appeal directly to the Jefferson Child Care and Education Board of Trustees if I disagree with any of the provisions within this contract and the policies as outlined in the Parent Handbook.

Initial

LATE PICK UP FEE

In addition to the assessed fee, I agree to pay a late charge of \$1.00 for each minute my child remains at the Child Care Program after 6PM. I understand that my child will not be readmitted to the Center if the late fee is not paid within one week.

Initial

Address of Child:

Street

City State Home Phone

Parent's place of Business:

Mother _____
Name

Company Work # cell #

Father _____
Name

Company Work # cell #

Tee Shirt Size

Child Size: 10-12____ 14-16____
Adult: S____ M____ L____ XL____

Parent Signature or Guardian

Date

Center Representative Signature

Date