

FRIENDSHIP CENTER, INC.
SUMMER CAMP CONTRACT AGREEMENT

June 27, 2016- August 26, 2016

Name of Child _____ G/B _____ Birthday _____

Address _____

E-Mail Address _____

Phone Number _____ Expected Vacation _____

Age Group: 2 ½-3 _____ 3-4 _____ Pre-K _____ School age _____

Days Attending (*Circle all that apply*): **M T W TH F**

FULL-TIME
6:30 a.m.-6:00 p.m.

5 days/week \$ 993/month

4 days/week \$ 843/month

3 days/week \$ 689/month

2 days/week \$ 478/month

I understand that I am responsible for the full nine weeks of summer camp fees unless given prior authorization. Credits will not be permitted for absence due to illness, holidays, or vacation from camp. To be eligible for vacation credit you must have accrued your vacation time from September 1, 2015 through June 23, 2016. I am aware that **monthly tuition payments are due on the first of each month; however, if payments are not made by the 15th of each month a late payment fee of \$15.00 will be assessed. I also agree that if my child is not picked up by 6:00 p.m. a \$10 late pick-up fee will be assessed for up to the first 15 minutes and \$1 each additional minute late after 6:15p.m.** If needed extended time is available at a rate of \$5.00/hr (please see director for approval). I also understand that if a balance remains unpaid after 45 days, childcare services will be suspended and any unpaid balance after 60 days will be turned over to a collection agency. I further understand and agree that if any outside agencies or attorneys are necessary to collect what I owe the Friendship Center, it will be my responsibility to pay all costs, attorney fees and/or collection fees.

My Child will begin attending The Friendship Center on _____.

Signature of Parent _____ Date _____

Print Name of Parent _____