

Grade \_\_\_\_\_

Check# \_\_\_\_\_

**SUMMER CAMP 2010 FEE AGREEMENT**

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 \$82 (T/Th) \_\_\_\_\_ 3 days \$123 (M/W/F) \_\_\_\_\_ 5days \$205 (M-F) \_\_\_\_\_

**Contracted part time days cannot be changed.**

Tuition assistance is 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.

**Contracted weeks of service – No changes after May 1<sup>st</sup>**

\_\_\_\_\_  
Initial

Week of:

Signature of Parent or Guardian

- June 28, 2010
- July 5, 2010
- July 12, 2010
- July 19, 2010
- July 26, 2010
- August 2, 2010
- August 9, 2010
- August 16, 2010

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The last day of camp will be August 19, 2010

**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, 2010. NO CHANGES IN CONTRACTED VACATION WEEKS WILL BE ACCEPTED AFTER May 1, 2010. After May 1, 2010 I will be billed for every week contracted for care, regardless of whether or not their 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