

FINANCIAL AGREEMENT 2020

I hereby promise to fulfill the financial obligations as they are described below in order that my child by the name of _____ is enrolled in the SRC Summer Day Camp. I understand that I may be asked to contribute additional fees for special events that are beyond the fees listed below (tipping guides, lunches out, etc.)

Y/N	Week	Dates	COST		Subtotal
	Week One	June 8-12	\$150 until	\$175 June 2 or after	
	Week Two	June 15-19	\$150 until June 1	\$175 June 2 or after	
	Week Three	July 13-17	\$150 until July 1	\$175 July 2 or after	
	Week Four	July 20-24	\$150 until July 1	\$175 July 2 or after	
Amount Due:					

CIRCLE ONE: CHECK# _____ CASH CREDIT/DEBIT

CARD # _____ - _____ - _____ - _____ CVB _____ EXP. DATE ____/____

NO EARLY ARRIVAL / LATE PICK-UP

If your child is picked-up more than 15 minutes beyond program hours parents/guardians will be charged \$15 for each incident.

REFUND POLICY

If your child must terminate their enrollment in the camp or if they have an emergency prolonged absence, you may write a letter of request to the Skagway Recreation Center Director. Refunds will be considered on a case-by-case basis.

WAITING LIST

To ensure the quality of the program spaces are limited. Enrollment is on a first come first serve basis. Depending on availability participants may pay a **\$35** per day drop-in fee. **All paperwork must be on file for child to attend.** Payment must be received on or before the day of attendance. An additional charge of \$5.00 per day will be added to payments received after camp has begun making the cost of camp \$40 per day.

I HAVE READ AND UNDERSTAND THE FINANCIAL AGREEMENT. I agree to the terms of the SRC Summer Day Camp Financial Agreement. If I have any concerns, I will promptly address the Skagway Recreation Director.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Payment Collected on _____ by _____. CASH CREDIT CHECK
DATE STAFF SIGNATURE CIRCLE ONE