

FINANCIAL AGREEMENT

Name of Child _____ AGE _____ 2021/2022 GRADE: K-2 or 3-5 (circle one)

CHECK ALL DATES YOUR CHILD WILL BE ATTENDING THE PROGRAM

K-2 GRADE NOON-4PM		3-5 GRADE NOON-4PM	
Monday	Wednesday	Tuesday	Thursday
<input type="checkbox"/> June 6	<input type="checkbox"/> June 8	<input type="checkbox"/> June 7	<input type="checkbox"/> June 9
<input type="checkbox"/> June 13	<input type="checkbox"/> June 15	<input type="checkbox"/> June 14	<input type="checkbox"/> June 16
<input type="checkbox"/> June 20	<input type="checkbox"/> June 22	<input type="checkbox"/> June 21	<input type="checkbox"/> June 23
<input type="checkbox"/> July 11	<input type="checkbox"/> July 13	<input type="checkbox"/> July 12	<input type="checkbox"/> July 14
<input type="checkbox"/> July 18	<input type="checkbox"/> July 20	<input type="checkbox"/> July 19	<input type="checkbox"/> July 21
<input type="checkbox"/> July 25	<input type="checkbox"/> July 27	<input type="checkbox"/> July 26	<input type="checkbox"/> July 28

_____ x \$10.00 = \$ _____
(DAYS)

NO EARLY ARRIVAL / LATE PICK-UP

If your child arrives or is picked-up more than 10 minutes beyond program hours parents/guardians will be charged \$15 for each incident.

REFUND POLICY

If your child must terminate their participation in the Summer Youth Recreation Program 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.

DROP IN FEES

To ensure the quality of the program, space is limited. Enrollment is on a first come first serve basis. Depending on availability participants may pay a \$20 per day drop-in fee if space becomes available. All paperwork must be on file and payment received beforehand for child to attend. An additional charge of \$5.00 per occurrence will be added to all payments received after attending days.

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

FOR OFFICE USE ONLY:

Date of Payment: _____

Method of Payment: _____

Processed by: _____