



FIRST ACADEMY

2017 SUMMER DAY CAMP ENROLLMENT AGREEMENT

I, _____ am the parent or legal guardian of _____.
(Parent/Guardian Name) *(Child's Full Name)*

Child's Birth date _____ GRADE IN FALL _____ T-SHIRT SIZE *(circle one)* Y/S Y/M Y/L Y/XL
month day year

I would like to enroll my child in the 2017 First United Methodist Church Summer Day Camp. I am financially responsible for this child and agree to all of the terms and conditions contained within the Enrollment Agreement and I will pay the tuition which corresponds with the program choice indicated below.

PAYMENT PLAN CHOICE

	SUMMER DAY CAMP Only 9:00 a.m. - 3:00 p.m.	Include BEFORE AND/OR AFTER CHILD CARE 7:00 a.m. - 9:00 a.m. and/or 3:00 p.m. - 6:00 p.m.	
	<u>Weekly</u>	<u>Weekly</u>	
5 DAYS A WEEK	<input type="checkbox"/> \$140.75	<input type="checkbox"/> \$154.75	<input type="checkbox"/> 7:00 a.m. - 9:00 a.m. <input type="checkbox"/> 3:00 p.m. - 6:00 p.m.
4 DAYS A WEEK	<input type="checkbox"/> \$122.25	<input type="checkbox"/> \$134.50	<input type="checkbox"/> 7:00 a.m. - 9:00 a.m. <input type="checkbox"/> 3:00 p.m. - 6:00 p.m.
3 DAYS A WEEK	<input type="checkbox"/> \$89.75	<input type="checkbox"/> \$99.00	<input type="checkbox"/> 7:00 a.m. - 9:00 a.m. <input type="checkbox"/> 3:00 p.m. - 6:00 p.m.
2 DAYS A WEEK	<input type="checkbox"/> \$63.50	<input type="checkbox"/> \$71.00	<input type="checkbox"/> 7:00 a.m. - 9:00 a.m. <input type="checkbox"/> 3:00 p.m. - 6:00 p.m.

DAYS OF ATTENDANCE

Monday Tuesday Wednesday Thursday Friday

To secure space, please complete the Enrollment Agreement form and return with the \$25 per student enrollment fee to the address below. Once enrolled, weekly tuition payments are due by Monday of each week.

I agree to pay to First United Methodist Church any costs or expenses, including legal fees, relating to or arising out of the collection of any tuition due pursuant to this Enrollment Agreement. The laws of the State of California govern this Enrollment Agreement. I understand and agree with the terms of this Agreement.

Signature _____ Date _____
(Parent or legal guardian financially responsible for the child)

Signature _____ Date _____
(Program Administrator)

Please make checks payable to "First United Methodist Church." Online payments can be made through First United Methodist Church website by clicking on the DONATE button, select "Summer Day Camp" and note your child's name.