

Spring Academy Summer 2014 Camp Registration

Child's Name: _____			Date of Birth: _____			Gender: M F		
Address: _____								
(street)			(city)			(zip)		
Parent/Guardian 1: _____				Home Phone: _____				
Email: _____				Cell Phone: _____				
Parent/Guardian 2: _____				Home Phone: _____				
Email: _____				Cell Phone: _____				

<u>Tuition Rates</u>		<u>Extra Care Rates</u>	
Weekly Camp Tuition	\$250/week	Early Bird (8am-9am)	\$30/week
Multiple Week Discounted Tuition if enrolled in 5 or more weeks	\$230/week	After Care (3pm-4pm)	\$30/week
		After Care (3pm-5pm)	\$60/week
		After Care (3pm-6pm)	\$90/week
Half Day Camp Tuition	\$190/week	Hourly Extended Day	\$9.50/hour

Terms of Service Agreement

I understand that my submission of this application does not in itself guarantee acceptance until is it confirmed by the Camp. When confirmed, the Camp agrees to reserve space for my child for the exact period specified and that the dates of enrollment specified on this registration form cannot be altered unless acceptance of the change is granted by the Director of Camp. Program change requests must be in writing.

I understand that all tuition and fees to Spring Academy Camp are payable as specified above and that no child may enter or continue to attend unless all tuition and fees are paid and all forms required by the Camp are completed and up to date.

I understand that enrollment is for the entire period specified and there will be NO REFUNDS, credit, or remission of fees unless a camper has submitted a written withdrawal from camp prior to April 1, 2014.

I understand that **camp will be closed for the Independence Day holiday on Friday, July 4, 2014**, and there will be no adjustment of fees for that week.

I understand that programs are subject to change or cancellation at any time.

I understand that if, for any reason this application cannot be accepted by the Spring Academy Camp, no contractual relationship shall exist, and my payment will be returned in full.

I understand that the Camp Director retains the right to exclude any child from camp, in her considered judgment, if a child is posing a programmatic or health/safety risk to himself or others.

All campers must be toilet trained to attend camp.

Campers may enjoy as few or as many weeks as desired. Please indicate your enrollment request below:

<h1 style="text-align: center; color: blue;">Spring into Summer!!</h1>	Camp Program Options			Extra Care Options				
	Half Day Camp Ages 2 ½ - 6	Minnows Ages 2 ½ - 4	Dolphins Age 5 & 6	Early Bird (8am-9am)	After Care (3pm-4pm)	After Care (4pm-5pm)	After Care (5pm-6pm)	Hourly Extended Day
WEEK 1: June 9-13								
WEEK 2: June 16-20								
WEEK 3: June 23-27								
* WEEK 4: June 30-July 3								
WEEK 5: July 7-11								
WEEK 6: July 14-18								
WEEK 7: July 21-25								
WEEK 8: July 28-Aug 1								
WEEK 9: Aug 4-8								
WEEK 10: Aug 11-15								
WEEK 11: Aug 18-22								
Total # of Weeks Enrolled:								
Cost per Week for up to four total weeks:	\$190	\$250	\$250	\$30	\$30	\$60	\$90	Bill Me
Cost per Week for five or more total weeks:	\$190	\$230	\$230	\$30	\$30	\$60	\$90	Bill Me
Total Due:								
Deposit = Tuition Total \$ _____ + Extra Care Total \$ _____ x 25% = _____								

I hereby enroll my child _____ in Spring Academy Camp for the 2014 dates indicated above and am enclosing the 25% non-refundable **Deposit Due with Registration**.

I agree to pay the remaining balance in:

- One Payment due by May 1, 2014
- Two Payments due by May 1, 2014 & June 1, 2014

I have carefully read all conditions of this agreement, full understanding and accepting them as stated.

Parent Signature _____ Date _____