



K-6th Grade Summer Camp Request (2019)

Account Name _____

Child's Name _____

Child's Birthday _____

Date of FIRST day (if approved) _____ Date of LAST day (if approved) _____

Camp begins on Monday, June 11th, 2019. Last day of camp is Friday, August 28th, 2019.

	Drop Off Time	Pick up Time
Monday	_____ AM/ PM (circle one)	_____ AM/ PM (circle one)
Tuesday	_____ AM/ PM (circle one)	_____ AM/ PM (circle one)
Wednesday	_____ AM/ PM (circle one)	_____ AM/ PM (circle one)
Thursday	_____ AM/ PM (circle one)	_____ AM/ PM (circle one)
Friday	_____ AM/ PM (circle one)	_____ AM/ PM (circle one)

***Minimum weekly schedule = 2 days**

***TELC will be CLOSED: June 10, July 4, August 29, and August 30**

***If there are any breaks in the schedule, please use a new form to request each set of summer camp days**

I understand that if this request is approved, summer camp tuition charges will be included on my monthly statement available on the 25th of the month. On the 2nd of the month, any balance for the month's tuition will be billed to the credit card on file. While camp fees are priced per week, charges are made for the whole month at one time in advance of the care given. If this form is received after the 25th of the month, charges will be made immediately upon approval of this request. I understand that 30 days' notice is required to cancel a camp date that I have requested.

Parent's Signature

Date

For office use:

Charges for these dates of camp \$ _____
(\$50 per full day; \$200 per full week)

Amount due at this time \$ _____

Recorded in Procure:

- Class Roster
 Schedule
 Printed
 Ledger
 Contract Billing
 New Statement to Parent
 Copied Form to Parent

Executive Director

Date