

Monarch Summer Schedule Form 2019

Child's Name: _____

Please check the week/weeks

9am-12:30 pm Please check the week AND Circle 4 or 5 day option
4 Day **5 Day**

* ____ July 8-12	M T W T H	M T W T H F
* ____ July 15-19	M T W T H	M T W T H F
* ____ July 22-26	M T W T H	M T W T H F
* ____ July 29-Aug 2	M T W T H	M T W T H F
* ____ Aug. 5-9	M T W T H	M T W T H F
* ____ Aug. 12-16	M T W T H	M T W T H F
* ____ Aug 19-23	M T W T H	M T W T H F

Weekly Tuition: \$150.00/ 4 day (M – TH) \$180.00 / 5 day (M – F)

Financial Agreement – Please initial:

____ I understand that I am responsible for a once yearly, non-refundable \$75 yearly registration fee.

____ I understand that tuition for July weeks is due by May 4th & tuition for August weeks is due by June 1st. There will be no refunds after these dates & a \$30 late fee applies to payments received after each respective deadline. Payment reminders are not sent.

____ I understand that all schedule changes must be submitted in writing & approved by the office. July schedule changes must be made before May 3rd & August schedule changes before June 7th. After these respective dates, changes cannot be guaranteed.

____ I understand that after two schedule changes, there is a \$30 fee for each additional change made.

____ I understand that if I pick up my child after 12:30 pm (closing time), I will pay late fees in accordance to the parent handbook. The handbook is available online.

____ I understand that upon my child entering the program, SHED Children's Campus must have, on file, a medical form signed by the child's doctor.

____ I understand that summer tuition covers expenses such as: morning snack and all activity materials

____ I understand that I must notify SCC **daily** if my child will be absent.

____ I understand that I must notify SCC if someone other than a parent/guardian is to pick up my child. I will also remind the pick up person to bring a photo ID.

____ I understand that in the event of absences or personal vacation days, I am still responsible for fees for time reserved in the program.

Parent /Guardian

Signature: _____ **Date:** _____