

Team Adventure Schedule Form 2019

Child's Name: _____ Please check the weeks and circle the days you wish to sign up for the **Team Adventure full day** program.

7am – 6pm

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

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- **We will not accept children for the week of July 8th after the date of June 7th in order to prepare and staff accordingly.**

Fees:

5 days - \$440 per week / 4 days - \$410 per week / 3 days - \$320 per week / 2 days - \$215 per week / 1 day - \$115per week

Please initial:

- _____ I understand that I am responsible for a **once yearly, non-refundable** registration fee - **\$75.**
- _____ I understand that tuition for July weeks is due by May 5th and tuition for Aug. weeks is due by June 7th. There will be no refunds after these dates, and 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**. July schedule changes must be made by May 5th and August schedule changes by June 7th. After these respective dates, space cannot be guaranteed.
- _____ I understand that after two (2) schedule changes, there is a \$30.00 fee for each additional schedule change made.
- _____ I understand that if I pick up my child after the 6pm closing time, I will pay late fees in accordance with the Parent Handbook.
- _____ I understand that upon my child entering the program, Summer Adventures must have, on file, a medical form signed by the child's doctor.
- _____ I understand that Summer Adventures' tuition covers expenses such as: morning & afternoon snack, weekly field trips, weekly special visitors, swimming, Friday BBQ's and all club & activity supplies.
- _____ I understand that I must notify Summer Adventures **daily** if my child will be absent.
- _____ I understand that I must notify Summer Adventures if someone other than a parent 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:** _____