

CAMP LION KNOLL FEE AGREEMENT

Parent/Guardian Name _____ Full Address: _____

Phone # _____

For Office Use Only		
Slot _____		
Deposit Amt _____		
Check <input type="checkbox"/>	Cash <input type="checkbox"/>	MO <input type="checkbox"/>
Check/MO # _____		

Your space will be considered reserved if:

- 1.) Space is available.
- 2.) All paperwork is returned (including camper's immunization history and proof of physical)
- 3.) A **TWO WEEK DEPOSIT** is made which will be applied to the last two weeks your child is enrolled.
- 4.) Subsequent payments are made the Wednesday prior to each week enrolled.

I agree to:

- 1.) Pay for days my child is sick or I choose not to bring her/him.
- 2.) Any changes (switching weeks or cancelling a week) made AFTER June 1st will result in a \$50.00 non-refundable administrative fee, per child, per week.
- 3.) Pay a \$10.00 fee if my check is returned for insufficient funds and also make every subsequent payment as cash or a money order.
- 4.) Pay a \$25.00 late fee if I pick my child up after 5:30 p.m. Three late pickups will result in termination of services.

FEES: \$180/week \$144.00 Week 2 (Closed July 4th) **\$15.00 Sibling Discount:**

WEEK	DATES	PAYMENT DUE DATE	1 st Child's Name:		2 nd Child's Name:		3 rd Child's Name:	
			√ Weeks Attending	Cost	√ Weeks Attending	Cost	√ Weeks Attending	Cost
1	June 25 - 29	Wednesday June 20						
2	July 2 - 6 (closed July 4 th)	Wednesday June 27						
3	July 9-13	Tuesday July 3						
4	July 16 - 20	Wednesday July 11						
5	July 23 - 27	Wednesday July 18						
6	July 30 – August 3	Wednesday July 25						
7	August 6 - 10	At Registration						
8	August 13-17	At Registration						

Parent/Guardian Signature _____

Date _____