



Summer Camp



Where children achieve, believe and belong.

- ** We will accept registrations in the order they arrive in our office and fill our program accordingly.
- ** Blue Roof School @ St. Andrew staffs our program according to the Registered Students Needs; therefore, All Registration fees & pre paid tuition are NON-REFUNDABLE.
- **Pre School children participating in our program must have turned five years old by 12-31.
- ** We require a two week paid notice for withdrawal from our program, any Vacation Credits are forfeited for early withdrawal.
- ** Tuition is \$150 per student per week. tuition is due Mondays and late after end of business Tuesday. All tuition payments are expected in full according to payment schedule regardless of holidays, vacation or absences. Our program allows one week of vacation allowance.
- **You are registering and responsible for a summer program of 11 weeks of childcare and will be charged for the 11 weeks with the exception of the possible one week of full vacation credit, and one week of 50% vacation credit.
- **If you choose to use a vacation credit, you must document your wishes by turning in a vacation voucher 7 days before the first day of the vacation. Late vacation vouchers can not be credited.
- **Complete Registration will include payment of the registration fee and this form.
- **All Registration fees are NON REFUNDABLE.
- **Monday July 4 is a holiday, The summer program will be closed. There are no tuition credits for holidays.
- **Late tuition payments are subject to a late fee of \$10. per week.
- **All children enrolled in our summer program are also enrolled in our Vacation Bible School.
- **If Gasoline goes above \$4. a gallon we will find it necessary to charge a fuel service charge.*****

Parent _____ (NAME ON ACCOUNT)
Childs last name if different _____

Email _____ (used only for communication and announcements)

Child _____ Grade 2011-2012 _____ school: _____

Child _____ Grade 2011-2012 _____ School: _____

Child's Address: _____ zip code _____

Home Phone: _____ M- work or cell _____ D-work or cell _____

PROGRAM REGISTRATION:

___ **Summer Care-** Full payment is expected regardless of absences, however summer care does allow for one week of full vacation credit and one week of 50% vacation credit with advance notification. The vacation allowance will be credited to your account working backwards from the last week of the program. All other tuition is expected as scheduled. Summer tuition is paid weekly each Monday, and will be considered late if received after the end of business on Tuesday. The summer care program is open from 7am-6:30pm. Tuition includes two field trips a week, & two snacks each day, it does not include lunch. **** If registering after June 4, 2012 the Registration fee will hold the spot for 14 days.**

****If Gasoline goes above \$4. a Gallon we will find it necessary to charge a fuel service charge of \$2. a week for full or part time attendance. ******

___ All week: M-F 150.00: Weekly tuition includes field trips

___ Part time: Monday Tuesday Wednesday Thursday Friday

- ___ One day a week \$40.00
- ___ Two days a week \$90.00
- ___ Three days a week \$110.00
- ___ Four days a week \$140.00

****I understand this form along with appropriate fee completes registration in the St. Andrew Children's Learning Center summer program. I understand that all registration fees, including pre-paid tuition are NON REFUNDABLE, and will not be returned to me if I decline participation in the program. I understand the tuition policy of the program I am registering for and acknowledge the late payment policy.**

**** I understand the summer program allows for one week of vacation tuition credit, at 100% and one week of credit at 50%. The voucher should be filled out and placed in the tuition box to secure your tuition credit.**

**** Tuition is still due each of the weeks of the program in June, July and August; with vacation credit appearing on my account for the last week of the program.**

_____ Date parent signature _____ parent name _____ SALC CLC staff

Office use: Amount paid _____ check number _____ date _____ class list _____

Invoiced: registration ___ tuition ___ memorized ___ start date _____