

Trinity Christian Academy

Summer Day Camp Contract 2017

Please list all students you are registering in Summer Day Camp for 2017.

Student's Name	Grade Completed 2016-2017	Date of Birth	T-shirt Size
Student's Name	Grade Completed 2016-2017	Date of Birth	T-shirt Size
Student's Name	Grade Completed 2016-2017	Date of Birth	T-shirt Size

Check the schedule for which you are registering. Indicate what weeks/days you will be attending on the other side.

- Full Time (Monday - Friday) for the whole summer
- Prescheduled Week (Monday – Friday)
- Prescheduled Monday/Wednesday/Friday
- Prescheduled Tuesday/Thursday
- Prescheduled Days

Billing Options:

_____ One Payment Due by May 16, 2017	_____ 2 Monthly Payments through FACTS (May and June)	_____ 3 Monthly Payments through FACTS (April, May and June) Must be registered before March 31
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FLEX Care Payment – This applies to families who may intermittently use the TCA Summer Day Camp Program for any days not pre-scheduled by May 5th. In other words, you can schedule additional summer day camp days during any week prior to the week of use. Your date of use will be turned into the Trinity Finance Office and you will be billed through your FACTS Account. Checks or cash will not be accepted by the Summer Day Camp Staff.

I understand that my child(ren) is/are enrolled for the entire summer program and by signing I am obligated to pay for the entire summer for the above schedule.

Parent Signature	Date of Signature	Phone Number
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Please return the appropriate registration fees with this contract by May 5th to secure your child's spot.

Summer Day Camp Schedule 2017

Child/ren's Name(s) _____
 (If you have children who will have different summer camp schedules, please complete a separate Schedule form.)

Full Summer (No other scheduling is necessary)

Prescheduled (circle one): **Week** or **Monday/Wednesday/Friday** or **Tuesday/Thursday**

Indicate which weeks your child/ren will be attending.

<input type="checkbox"/>	Week 1: May 23 - 26
<input type="checkbox"/>	Week 2: May 30 - June 2
<input type="checkbox"/>	Week 3: June 5 - 9
<input type="checkbox"/>	Week 4: June 12 - 16
<input type="checkbox"/>	Week 5: June 19 - 23
<input type="checkbox"/>	Week 6: June 26 - 30
<input type="checkbox"/>	Week 7: July 5 - 7
<input type="checkbox"/>	Week 8: July 10 - 14
<input type="checkbox"/>	Week 9: July 17 - 21
<input type="checkbox"/>	Week 10: July 24 - 28
<input type="checkbox"/>	Week 11: July 31 - August 3

Prescheduled Days: Which days will your child/ren be attending?

Week	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1: May 23 - 26	closed				
Week 2: May 30 - June 2	closed				
Week 3: June 5 - 9					
Week 4: June 12 - 16					
Week 5: June 19 - 23					
Week 6: June 26 - 30					
Week 7: July 5 - 7	closed	closed			
Week 8: July 10 - 14					
Week 9: July 17 - 21					
Week 10: July 24 - 28					
Week 11: July 31 - August 3					closed

Please provide an approximate time of drop off and pick up. The times are not contractual but help us in planning appropriate supervision.

Planned Drop Off Time: _____

Planned Pick Up Time: _____

NOTE: Any additional days that are needed after this schedule is submitted by May 5th will be at the Flex Care Rate.