

# CHRIST CHAPEL ACADEMY

## 2019 Summer Camp Financial Agreement

*“God Always Wins”*

STUDENT NAME \_\_\_\_\_

GRADE COMPLETED 2018-19 \_\_\_\_\_

**I understand the following are due with my 2019 Summer Camp Registration: (1) Registration fee of \$75.00 which is billed and payable through FACTS (2) Student/Family Registration Information Form, (3) Emergency Medical Authorization, (4) Financial Agreement, (5) Emergency Information form and (6) VA School Health Form with Record of Immunization (if the student is registered at CCA, this is already on file). REGISTER BEFORE JUNE 1 FOR A DISCOUNTED REGISTRATION FEE OF \$50.00.**

### PAYMENT OPTIONS

Please check **ONE** of the following options – **All camp options include daily lunch.**

	Summer Camp Only	(9:00 a.m. – 3:30 p.m.)	\$170.00
	Summer Camp and Before Care	(6:00 a.m. – 3:30 p.m.)	\$190.00
	Summer Camp and After Care	(9:00 a.m. – 6:30 p.m.)	\$190.00
	Summer Camp, Before Care and After Care	(6:00 a.m. – 6:30 p.m.)	\$210.00

### WEEK OPTIONS

Please check the weeks of your choice (*Most camp weeks include one field trip and a swimming day off campus.*)

	June 10 – June 14	Veterans Park picnic All
	June 17 – June 21	K-1 Chuck E Cheese/ 2-8 Paint Your Heart Out
	June 24 – June 28	Zoo All
	July 1 – July 5 ( <b>No camp July 4</b> )	K-1 Discovery Theater/2-8 Riverside Theater
	July 8 – July 12	K-1 Nursing home/ 2-8 Discovery Theater
	July 15– July 19	K-1 Picnic in the park/2-8 Potomac Nationals
	July 22 – July 26	Waterworks Water Park All
	July 29 – August 2	K-1 Bee Hive/2-8 Hilda-Barge (homeless-prevention center)
	August 5– August 9	K-1 Launch/2-8 Ice Skate
	August 12 – August 16	Water Mine Water Park All

Add Weekly Breakfast to my camp weeks selected at a rate of \$15.00 per week: Yes \_\_\_\_\_ No \_\_\_\_\_

This fee will be invoiced through FACTS along with your camp invoice. (\*Emergency breakfast can be provided for \$4.00 per day in the case of emergencies.)

### DAILY RATE OPTION

Please check camp option and list the dates(s) needed

	Daily Summer Camp Only	(9:00 a.m. – 3:30 p.m.)	\$50.00
	Daily Summer Camp and Before Care	(6:00 a.m. – 3:30 p.m.)	\$55.00
	Daily Summer Camp and After Care	(9:00 a.m. – 6:30 p.m.)	\$55.00
	Daily Summer Camp, Before and After Care	(6:00 a.m. – 6:30 p.m.)	\$60.00

Date(s) of Daily Service: \_\_\_\_\_

(If a field trip is scheduled on the requested day(s), additional payment of \$10.00 for field trip is due on date of service in addition to the daily rate fee.)

### FEE PAYMENT AGREEMENT

#### 1. REGISTRATION FEE

I understand the registration fee of \$75.00 is due upon processing of this registration form and is non-refundable. This fee is billed through FACTS and is due by the invoice due date. Registration fee includes two (2) t-shirts to be worn on field trip days. Your child's size must be selected below.

**T-SHIRT SIZE – CIRCLE ONE**

YS    YM    YL    YXL    AS    AM    AL    AXL

2. **CAMP PAYMENTS**

I/we understand the weekly camp fee will be invoiced through FACTS. If not paid by the invoice due date, a late fee of \$25.00 will be invoiced to the account. If a credit or debit card is used to make payments, FACTS charges a 2.75% service fee. If after one missed payment, Christ Chapel Academy (CCA) has the authority to not allow my child to attend the Camp program until my child's account is current and I understand that my child's position may be lost.

3. **EMERGENCY CARE**

**Unscheduled Emergency Before or After School Care:** I understand that if my child is dropped off **before 9:00 AM or not picked up by 3:30 PM**, I will be charged an hourly rate of \$20.00 for unscheduled emergency care if they are not registered in the before and/or after care program. This fee will be invoiced through FACTS. If not paid by the invoice due date, a late fee of \$25.00 will be invoiced to the account. If a credit or debit card is used to make payments, FACTS charges a 2.75% service fee. I understand that there is a minimum of one hour charge with one-half hour increments thereafter.

**Scheduled Emergency Before and After Care (24 hour online notice required):** I understand that I can schedule before and/or after care, based on availability, if students are not registered in the before and/or after care 24 hours in advance for an unexpected situation; I will be charged \$15.00 an hour. This fee will be invoiced through FACTS. If not paid by the invoice due date, a late fee of \$25.00 will be invoiced to the account. If a credit or debit card is used to make payments, FACTS charges a 2.75% service fee. I understand that there is a minimum of one hour charge with one-half hour increments thereafter. I understand that if the 24 hour online notice is not provided, I will be charged the Unscheduled Emergency Care rate of \$20.00 an hour.

<https://christchapelacademy.org/programs/summer-camp/> →My CCA→Before/After Drop in Form.)

4. **PENALTY FEES**

In the case the Summer Camp Payment is returned or not available for processing through FACTS, a late fee of \$25.00 will be invoiced to the account and FACTS will bill a \$30.00 non-payment fee. If an account is delinquent over 60 days from the due date, a 1.5% charge will be added to the account balance as well as the late fee.

5. **ACCOUNTS SENT TO COLLECTIONS**

In the case of a past-due account being sent to collections, the balance of any outstanding payments, plus 25% collection fee, court and/or filing legal fees will be added to the balance owed to Christ Chapel Academy.

6. **CANCELLATION OF CAMP WEEKS**

I understand that I can select the weeks of my choice but will be responsible for payment of every week selected unless the school is given **two-week advance notice in writing** that my child will not be attending camp. If the school does not receive a two-week written advance notice, I am responsible for the weeks selected whether I use the service or not.

7. **ADDING ADDITIONAL WEEKS**

In the case of adding additional weeks, I understand that if I provide less than two-week advance written notice for the added weeks, there will be an additional charge of \$25.00 per week automatically added to my child's account.

8. I have read this Financial Agreement and agree to abide by it.

Mother/Guardian: First			Middle			Last			Father/Guardian: First			Middle			Last														
SSN:									SSN:																				
Address															Address														
City					State					Zip					City					State					Zip				
Daytime Phone Number															Daytime Phone Number														
Signature															Signature														
Date															Date														