

Camper Name: _____ Age On June 24 _____

Family Email Address: _____ Shirt Size(please circle) Youth S, M, L or Adult S, M, L, XL, 2XL

Operation Hours	<i>We do not do daily rates</i>	Weekly Fees
Normal camp hours are from 9a.m. – 4p.m.		\$170 per week Lunch included
Pre-Camp hours are from 7a.m. – 4p.m.		\$180 per week Breakfast included
Post –Camp hours are from 9a.m. – 6p.m.		\$180 per week Snack included
Pre and Post Camp hours are from 7a.m. – 6p.m.		\$185 per week Breakfast & Snack included

Trips, Lunches, Special Events, Activities & Clubs are included in all prices

10% discount for every week paid before June 8, 2019 excluding week 2

NO REFUNDS *Parents / Guardian INITIALS: _____ (Please Initial)

EVERY DAY DISCOUNT: 5% off for second child. 10% off for third and fourth child.

Please check off the weeks your child is attending.

DATE DESCRIPTION	Pre Camp	Post Camp	AMOUNT DUE
<input type="checkbox"/> June 24 – June 28 Day Camp Week 1 - \$170	_____ \$10	_____ \$10	\$ _____
<input type="checkbox"/> July 01 – July 03 Day Camp Week 2 - \$110	_____ \$10	_____ \$10	\$ _____
<input type="checkbox"/> July 08 – July 12 Day Camp Week 3 - \$170	_____ \$10	_____ \$10	\$ _____
<input type="checkbox"/> July 15 – July 19 Day Camp Week 4 - \$170	_____ \$10	_____ \$10	\$ _____
<input type="checkbox"/> July 22 – July 26 Day Camp Week 5 - \$170	_____ \$10	_____ \$10	\$ _____
<input type="checkbox"/> July 29– Aug 02 Day Camp Week 6 - \$170	_____ \$10	_____ \$10	\$ _____
<input type="checkbox"/> Aug. 05- Aug 9 Day Camp Week 7 - \$170	_____ \$10	_____ \$10	\$ _____
<input type="checkbox"/> Aug. 12- Aug 16 Day Camp Week 8 - \$170	_____ \$10	_____ \$10	\$ _____
Totals			\$ _____

I understand that I am responsible for the weeks checked off above. I also understand it is my responsibility to make timely payments the **Friday** before the start of each week. Failure to make payments will result in my child's forfeiting his/her ability to attend the Summer Day Camp program. All fees are non-refundable and cannot be transferred to another week in case of absence.

Signed: _____ **Date:** _____

Zero Tolerance Policy

The Salvation Army has a zero tolerance policy for any child that is physically aggressive to any fellow camper or staff member. In addition to our zero tolerance is any child who damages The Salvation Army property in anger. Infraction on this policy may result in temporary suspension (including trips) or expulsion from camp. If you break an item in anger it will be the parent/guardian responsibility to replace this item.

Signed: _____ **Date:** _____

Photo Release

With respect to photographs taken during my child attendance at The Salvation Army of Levittown Summer Day Camp, I relinquish all legal rights for payment or redress in their use in public or private circulation.

Signed: _____ **Date:** _____

Participation

It is expected that campers will participate in all scheduled activities. If your child is unable to participate due to a medical condition, please provide a note detailing guidelines to the administrative staff. ****Initial: _____****