



646 Concord Road, Fletcher NC, 28732

(828) 628-1188 ext 208

PAYMENT CONTRACT

We are so excited that you have registered your child for Trinity of Fairview Summer Day Camp. To ensure proper communication, we have outlined our policy related to payments. If you have questions, please contact Brianna Huntley at 628-1188 ext 208.

PLEASE READ CAREFULLY

1. A \$55 registration fee (per child) is required to hold your child's spot for the summer.
2. A non-refundable \$35 deposit for each week is required to reserve your child's spot. The deposit will be applied to the weekly camp fee. If you want to add additional weeks later, you will only be able to do so IF there is space available. The Deposit cannot be moved to other weeks.
3. Balances are due at the beginning of the month for the weeks that you have reserved. **Please make sure that the balance for the entire month is paid on the first day of attendance of the month.** Your child will NOT be able to attend until the month is paid for. If you add weeks after the month begins, the week must be paid in full at that time.
4. If there is a returned check, it must be paid prior to your child attending plus a \$25 charge.
5. You may pay any portion in advance.
6. There is not a day by day charge. If your child attends 1, 2 or 3 days a week, you will be charged the 3 day rate which is \$120 for the first child and a sibling fee of \$110. If your child attends 4 or 5 days, you will be charged the 5 day rate which is \$150 for the first child and a sibling rate of \$120.
7. You will not be charged for entire week that your child misses. You will not receive your deposit back in this situation. Please make sure to check in with Brianna if this occurs to change your payment in SmartCare.
8. Late pick up fees of \$2 per minute will apply if you fail to pick up by 5:30 pm.

I have read and understand the above statements. I fully understand my responsibility for payment of my child's Summer Day Camp fees. I also understand that my child may not be permitted to stay if I have not paid for the upcoming week and met my financial obligations. Please read, sign and date this form. Return this on your child's first day of Summer Day Camp.

Child's Name _____

Parent's Signature _____ Date _____

Best contact information for financial concerns: _____