

ALCOA CITY SCHOOLS EXTENDED SCHOOL PROGRAM  
SUMMER PARENT AGREEMENT FORM

I wish to register my child(ren) in the 'STARS' Summer program

	NAME	AGE	GRADE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**(Half of the fee will need to be paid by June 8th, 2018)**

$$\frac{\text{Application fee}}{\$125.00} + \frac{\text{Weekly fee} \times 7 \text{ weeks}}{\$125.00} = \frac{\text{Full Fee} / \text{Half is due June 8}^{\text{th}}}{\$1,000.00 \quad \$500.00}$$

\*\*A \$125.00 per child *non-refundable* deposit must be paid by April 20th to reserve your spot in the program. The deposit will count toward your full fee for the summer.\*\*  
The summer program will run 7 weeks (May 29th- July 13<sup>th</sup>). . Please remember you will need to find other childcare arrangements for the week of **July 16th-20th**, when we will be **closed**. This week allows for maintenance issues to be completed and staff vacations to be taken.

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**T-shirt size: PLEASE CIRCLE ONE CHOICE!**

SIZE: CHILD- S M L                      ADULT- S M L XL

**Deadline to sign up for Summer Camp is April 27st.\*\*\$125.00 per child Non-refundable deposit is also due by April 27<sup>st</sup>.**

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**I understand the above amount is what I agree to pay, regardless of attendance, for care at the "STARS" Summer Camp.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_