



**FAMILY SUPPORT SERVICES
CONTRACT AND FEE AGREEMENT
2019 SUMMER CAMP**

1. A non-refundable **\$100 deposit (per family)** is due with this registration form. Your deposit will count towards the overall program fee. Registration form with deposit is due by May 1, 2019. All fees must be PAID IN FULL by June 14, 2019.
2. No reduction or credit for program fees will be issued for missed or unused days.
3. Upon registering and paying a deposit, you will receive an email invoice for the remaining program fees.
4. A 10% discount is offered for each additional child registered. The discount will automatically be reflected on your invoice.

Child's Name:

Last	First

Grade in	'19-'20

Child's Name:

Last	First

Grade in	'19-'20

Child's Name:

Last	First

Grade in	'19-'20

Primary Parent:

Last	First

Primary Phone: <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/>	Secondary Phone: <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/>
---	---

Primary Mailing Address (Street & Apt #)	City	State	Zip
--	------	-------	-----

Primary Email Address:

Second Parent:

Last	First

Primary Phone: <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/>	Secondary Phone: <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/>
---	---

Email Address:	<input type="checkbox"/> Check this box if second email address should also receive email communications (including billing):	
----------------	---	--

Fee Schedule (per child)

Regular Camp (8:30am - 4:30pm)	Additional Care: Morning Care (7:30am-8:30am)	Afternoon Care (4:30pm-6:00pm)
<input type="checkbox"/> 4 Weeks \$ 1,211	<input type="checkbox"/> 4 Weeks \$ 125	<input type="checkbox"/> 4 Weeks \$ 150
<input type="checkbox"/> 6 Weeks \$ 1,720	<input type="checkbox"/> 6 Weeks \$ 155	<input type="checkbox"/> 6 Weeks \$ 190
<input type="checkbox"/> 8 Weeks \$ 2,206	<input type="checkbox"/> 8 Weeks \$ 180	<input type="checkbox"/> 8 Weeks \$ 220

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

<p>Primary Parent's Signature _____ Date _____</p> <p align="center">Signed registration forms WITH registration fee (check or money order ONLY) should be mailed to:</p> <p align="center">FAMILY SUPPORT SERVICES 1105 Earlington Road, Havertown, PA 19083 Family Support Services is an Equal Opportunity Care Provider (EOCP) and an Equal Opportunity Employer (EOE) www.fssinc.org</p>	<p align="center">Office Use Only</p> <div style="border: 1px solid black; height: 100px;"></div>
---	---