

**The Bethlehem Academy
(Summer Camp)
Parent Agreement**

I _____ agree that The Bethlehem Academy will care
for _____ beginning on _____ 20____
Child(ren)'s Name **Date**

The care will include:

_____ *Breakfast* _____ *Afternoon Snack*

I will pay a Monthly fee of \$_____. Payment is due at the 1st of the month, you have until the following Friday of that month to make your payment.

If this fee is not paid by that day, a penalty of \$ 25.00 will be charged, or my child must be withdrawn from care.

Summer hours: Monday – Friday 7-5

My child(ren) will be in care between the hours of _____ and _____ on the following days _____.

Care outside of these hours will require an additional fee of \$ 1.00 for each 1 Minute, which will be paid the same day.

When I withdraw my child(ren) from care, I will give at least two weeks advance notice.

Parent Signature

Date

Academy Official

Date