



2020 SUMMER REGISTRATION FORM

Child's first and last name _____ Age _____

Please indicate below which week(s) you wish to register your child(ren).

| Week of: | Circle one | Fee per week | Week of: | Circle one | Fee Per week |
|--|------------|--------------|---|------------|--------------|
| Thursday July 2 and Friday July 3 (closed Wednesday July 1) | Yes No | \$95.00 | August 4-7 (closed August 3) | Yes No | \$190.00 |
| July 6-10 | Yes No | \$230.00 | August 10-14 | Yes No | \$190.00 |
| July 13-17 | Yes No | \$230.00 | August 17-21 | Yes No | \$230.00 |
| July 20-24 | Yes No | \$230.00 | August 24-28 | Yes No | \$230.00 |
| July 27-31 | Yes No | \$230.00 | CLOSED AUGUST 31-SEPTEMBER 4 2020 REGULAR SCHOOL YEAR BEGINS SEPTEMBER 8 | | |

I agree to have the following amounts withdrawn from my account (if you have more than one child, RRCCP will add the fees together and withdraw ONE TOTAL AMOUNT PER FAMILY).

\$ _____ due July 1, 2020 \$ _____ due August 1, 2020

I (we) acknowledge that, because of the need to plan the summer program in advance, a **\$20.00 administration fee will be charged for changes or cancellations that are made after May15, 2020.**

A minimum of **two weeks'** notice is required for cancellations for our summer program; otherwise full fees will apply without refunds.

The multiple child discount does not apply for the summer program

I will submit the following:

- A complete summer registration package including the following payment schedule:
- Fees to be paid by Automatic withdrawal – **do not submit cheques** if you are currently enrolled in our program.

I (we) acknowledge that I (we) have read and understood all the provisions contained in this Summer Registration form and payment agreement.

Parent/Guardian name

Parent/guardian Signature

Date

Parent/Guardian name

Parent/guardian Signature

Date