



**S.U.M.mer Camp**  
**Shiremanstown United Methodist Church**  
 125 East Main Street, Shiremanstown, PA 17011  
 Phone 737-6621 x 12 Fax - 761-2391  
**AGREEMENT**

**S.U.M.mer Camp runs from June 7, 2021 until August 13, 2021 (10 weeks)**

NAME OF CHILD	DOB	GRADE COMPLETING
Services to be provided as part of the summer camp fee		
1. Program (up to 9 hours/day)	6. Arts & Crafts	
2. Afternoon Snacks	7. Field Trips	
3. Special Treats	8. Summer Pool Passes	
4. Water bottles & T-shirts	9. Transportation	
5. Christian Curriculum	10. Picnic	

<b>PERSONS TO WHOM CHILD CAN BE RELEASED:</b>	<b>PAYMENTS DUE FRIDAYS BY 5:30PM BEFORE WEEK OF SERVICE OR PENALTY</b>	
1.		
2.	Base Rate	\$
3.	Ext. Hrs Fee	\$
4.	SUBTOTAL	\$
5.	DISCOUNT @ _____ % FAMILY -2 -3	
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	Disc. Applied (rounded to the nearest \$)
<b>EARLY DROP OFF OR LATE PICK UP FEE: \$10 PER 15 MINUTES</b>		(\$ - )
		<b>TOTAL FEE / WK</b>
		\$

Fees are based on full time only, regardless of attendance or holidays. Drop off and pick up times are closely monitored and must be within a 9-hour limit. There is an additional fee of \$5.00/15 minutes for those contracting longer than 9 hours per day.

I, the parent /guardian;		
<b>PLEASE CHECK EACH BOX</b>	<input type="checkbox"/> received complete written program information at the time of the enrollment. <input type="checkbox"/> agree to immediately update the Emergency Contact/Parental Consent information whenever changes occur. <input type="checkbox"/> do hereby grant permission to the S.U.M.mer Camp to utilize the adjacent Borough Park for activities associated to the curriculum and programs of the Summer Camp. <input type="checkbox"/> do hereby grant permission to the S.U.M.mer Camp to videotape, audio record, photograph my child(ren) and use these tools in our curriculum and programs. Anything used for advertisement purposes will require separate and written permission by the parent(s). <input type="checkbox"/> do agree to pay the full price (10 weeks) for the summer camp as stated above, regardless of absences, illness, or early withdrawal.	
SIGNATURE - PARENT OR GUARDIAN *	DATE	SIGNATURE - OPERATOR
* person signing is responsible for full payment		DATE