



2020 SCHOOL-AGE SUMMER CAMP CONTRACT

Start Date _____

NAME OF CHILD	GRADE AS OF Sept. <u>2020</u>	MON	TUE	WED	THU	FRI

Total Weekly Tuition _____

I give my child/children permission to attend all 2020 School-Age Summer Program field trips. I understand that this permission includes all field trips on regular contracted days as well as any additional days that may be scheduled outside contracted days.

I have reviewed Vernon Child Development Center's 2020 Childcare Handbook and agree to all the policies written.

Signature _____ Date _____