

**Slippery Rock Area Parks & Recreation
Adventure Camp/ Extended Care Financial Agreement**

Name of Child: _____ Age: _____ (one child per agreement)			
<p><u>Camp Rates</u></p> <p>Weekly: \$105 per camp</p> <p><small>*Rate includes a daily morning snack</small></p>	<p><u>Extended Care Rates</u></p> <p>First Child: \$25 Additional Child: \$22</p> <p><small>*Rate includes an afternoon snack</small></p>		
<p><u>Camp Schedule</u> Monday-Fridays 9:00-12:00</p> <p><u>Morning Drop Off:</u> 7:30-8:45</p> <p><small>*Drop off included in camp fee.</small></p>	<p><u>Optional Extended Care Schedule</u> Monday-Friday 12:00-5:00</p> <p><u>Available Pick Up Times:</u> 3:00, 4:00, 4:30-5:00</p> <p><small>*Extended Day is available to school-age children only</small></p>		
<u>ADDITIONAL RATES</u>			
<p>Registration Fee: \$25/ family Unscheduled Day Fee: \$30</p>	<p>Early/Late Pick Up Fee: \$10 Late Payment Fee: \$20</p>		
<p>I, the parent/guardian:</p> <p><input type="checkbox"/> Received complete written program information at the time of enrollment.</p> <p><input type="checkbox"/> Understand and agree to all of the terms and conditions of the Slippery Rock Area Parks & Rec program policies including scheduling and payment deadlines.</p> <p><input type="checkbox"/> Have completed the <u>Emergency Contact Form</u> in the registration paperwork to <i>its entirety</i>.</p>			
----- Signature of Parent/ Guardian	----- Date	----- Signature of Operator	----- Date
Date of Admission: _____		Date of Withdrawal: _____	