

Quincy Catholic Academy Summer Program

Student's Name: _____

Grade in September 2017: _____

Please check off the dates your student will attend:

WEEK 1: JUNE 19 - JUNE 23						
		6/19	6/20	6/21	6/22	6/23
FULL DAY	\$55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HALF DAY	\$30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 2: JUNE 26 - JUNE 30						
		6/26	6/27	6/28	6/29	6/30
FULL DAY	\$55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HALF DAY	\$30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 3: JULY 3 - JULY 7						
		7/3	7/4	7/5	7/6	7/7
FULL DAY	\$55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HALF DAY	\$30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 4: JULY 10 - JULY 14						
		7/10	7/11	7/12	7/13	7/14
FULL DAY	\$55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HALF DAY	\$30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 5: JULY 17 - JULY 21						
		7/17	7/18	7/19	7/20	7/21
FULL DAY	\$55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HALF DAY	\$30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 6: JULY 24 - JULY 28						
		7/24	7/25	7/26	7/27	7/28
FULL DAY	\$55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HALF DAY	\$30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 7: JULY 31 - AUGUST 4						
		7/31	8/1	8/2	8/3	8/4
FULL DAY	\$55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HALF DAY	\$30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 8: AUGUST 7 - AUGUST 11						
		8/7	8/8	8/9	8/10	8/11
FULL DAY	\$55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HALF DAY	\$30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payment Policies:

Payments will be made through FACTS Tuition Management. If you are not a QCA family, you must pay by check by June 2nd. If your payment is not received by the due date, your child's camp spot will be forfeited. Invoices will be sent out in May.

- ➡ Payment in full for all weeks is due by **June 2nd**.
- ➡ If you sign up for camp after June 2nd, payment is due immediately- *please disregard the due date on the invoice from FACTS.*

Cancellation Policy:

The \$125 registration fee is non-refundable and non-transferrable (it is not a deposit)
100% refund: If cancellation notification is received before May 19th (less \$125 registration fee).
50% refund: If cancellation notification is received after May 19th, but 10 business days prior to the beginning of your child's next registered week (less \$125 registration fee).
No refund will be given if cancellation notification is received within 10 business days of the beginning of your child's next registered week.
 Refunds may take 2 weeks to process.

Parent Signature: _____

Date: _____