

Quincy Catholic Academy Summer Program

Student's Name: _____

Grade in September 2019: _____

Please check off the dates your student will attend:

		WEEK 1: JUNE 17 - JUNE 21				
		6/17	6/18	6/19	6/20	6/21
FULL DAY	\$57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HALF DAY	\$32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WEEK 2: JUNE 24 - JUNE 28				
		6/24	6/25	6/26	6/27	6/28
FULL DAY	\$57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HALF DAY	\$32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WEEK 3: JULY 1 - JULY 5				
		7/1	7/2	7/3	7/4	7/5
FULL DAY	\$57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
HALF DAY	\$32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		WEEK 4: JULY 8 - JULY 12				
		7/8	7/9	7/10	7/11	7/12
FULL DAY	\$57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HALF DAY	\$32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WEEK 5: JULY 15 - JULY 19				
		7/15	7/16	7/17	7/18	7/19
FULL DAY	\$57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HALF DAY	\$32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WEEK 6: JULY 22 - JULY 26				
		7/22	7/23	7/24	7/25	7/26
FULL DAY	\$57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HALF DAY	\$32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WEEK 7: JULY 29 - AUGUST 2				
		7/29	7/30	7/31	8/1	8/2
FULL DAY	\$57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HALF DAY	\$32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		WEEK 8: AUGUST 5 - AUGUST 9				
		8/5	8/6	8/7	8/8	8/9
FULL DAY	\$57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HALF DAY	\$32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTANT *PLEASE CHECK THIS BOX IF YOUR FAMILY HAS A STATE VOUCHER**

Payment Policies:

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 5th**.
- ➡ If you sign up for camp after June 5th, 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 22nd (less \$125 registration fee).

50% refund: If cancellation notification is received after May 22nd, 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: _____