

Quincy Catholic Academy Summer Program

Student's Name: _____

Grade in September 2021: _____

Please check off the dates your student will attend:

WEEK 1: JUNE 21 - 25			6/21	6/22	6/23	6/24	6/25
FULL DAY	\$75		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL DAY	\$50		<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 28 - JULY 2			6/28	6/29	6/30	7/1	7/2
FULL DAY	\$75		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL DAY	\$50		<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 5 - 9			7/5	7/6	7/7	7/8	7/9
FULL DAY	\$75		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL DAY	\$50		<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 12 - 16			7/12	7/13	7/14	7/15	7/16
FULL DAY	\$75		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL DAY	\$50		<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 19 - 23			7/19	7/20	7/21	7/22	7/23
FULL DAY	\$75		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL DAY	\$50		<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 26 - 30			7/26	7/27	7/28	7/29	7/30
FULL DAY	\$75		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL DAY	\$50		<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: AUGUST 2 - 6			8/2	8/3	8/4	8/5	8/6
FULL DAY	\$75		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL DAY	\$50		<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 9 - 13			8/9	8/10	8/11	8/12	8/13
FULL DAY	\$75		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL DAY	\$50		<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"/>

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 as follows:

- ➔ **Registration Fee will be billed when received**
- ➔ **Weeks 1 & 2 will be billed on June 7th and due June 18th**
- ➔ **Weeks 3 & 4 will be billed on June 21st and due July 2nd**
- ➔ **Weeks 5 and 6 will be billed on July 5th and due July 16th**
- ➔ **Weeks 7 and 8 will be billed on July 19th and due July 30th**

***You may add days to your schedule. No refunds after billing has been processed.**

Cancellation Policy:

The \$125 registration fee is non-refundable and non-transferrable (it is not a deposit)

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 will take at least 2 weeks to process.

Parent Signature: _____

Date: _____