



2019 SUMMER REGISTRATION FORM

Child's first and last name _____ Age _____

Please indicate below which week(s) you wish to register your child(ren).

Week of:	Circle one	Fee per week	Week of:	Circle one	Fee Per week
July 2-5 (closed July 1)	Yes No	\$190.00	July 29- August 2	Yes No	\$230.00
July 8-12	Yes No	\$230.00	August 6-9 (closed August 5)	Yes No	\$190.00
July 15-19	Yes No	\$230.00	August 12-16	Yes No	\$230.00
July 22-26	Yes No	\$230.00	August 19-23	Yes No	\$230.00
CLOSED AUGUST 26- 30					

I agree to have the following amounts withdrawn from my account (if you have more than one child, RRCCP will add the fees together and withdraw ONE TOTAL AMOUNT).

\$ _____ due July 1, 2019 \$ _____ due August 1, 2019.

I (we) acknowledge that, because of the need to plan the summer program in advance, a **\$20.00 administration fee will be charged each time changes or cancellations are made after April 30, 2019.**

A minimum of **two weeks'** notice is required for cancellations for our summer program; otherwise full fees will apply without refunds.

The multiple child discount does not apply for the summer program

I will submit the following:

- A complete summer registration package including the following payment schedule:
- **Fees to be paid by Automatic withdrawal – do not submit cheques if you are currently enrolled in our program.**

I (we) acknowledge that I (we) have read and understood all the provisions contained in this Summer Registration package and payment agreement.

Parent/Guardian name Parent/guardian Signature Date

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