

**Coastside Children's Programs**  
**Fog City Camp – 2009**  
**Open from 7:00 a.m. to 6:00 p.m. daily**

**I wish to enroll my child (print name here):**

\_\_\_\_\_ at

\_\_\_\_\_ CCP-Half Moon Bay (License #410505707)

\_\_\_\_\_ CCP-Montara (License #410506161)

# DAYS PER WEEK	WEEKLY RATE
5	\$220
4	\$189
3	\$158
2	\$116

**Summer School Rate: \$158 per week (for summer school weeks only)**

**Registration Requirements:**

- ∞ Two week deposit (applied to the last two weeks tuition).
- ∞ Non-refundable Registration Fee of \$30.00 is due prior to the first week of attendance.
- ∞ Tuition is due at the start of each week.
- ∞ All field trips, special presenters, events and all nutritional snacks are included! We are asking for a \$5.00 gas charge per bus field trip.
- ∞ Children are to bring \$5.00 each for Pizza Friday.

**Please note: You are financially responsible for the days requested, even if your child does not attend.**

WEEK	DATE	DAYS ATTENDING (circle days)	WEEKLY COST
#1	June 15-19	M T W Th F	\$ _____
#2	June 22-26	M T W Th F	\$ _____
#3	June 29-July 2	M T W Th closed Fri. July 3	\$ _____
#4	July 6-10	M T W Th F	\$ _____
#5	July 13-17	M T W Th F	\$ _____
#6	July 20-24	M T W Th F	\$ _____
#7	July 27-31	M T W Th F	\$ _____
#8	August 3-7	M T W Th F	\$ _____
#9	August 10-14	M T W Th F	\$ _____
#10	August 17-19	M T W closed Th & Fri. Aug 20 & 21	\$ _____

Registration Fee: \$30.00  
TOTAL SUMMER FEE: \$ \_\_\_\_\_

Please make checks payable to COASTSIDE CHILDREN'S PROGRAMS or ask your Site Supervisor to charge the weekly fee to your credit card.

**COASTSIDE CHILDREN'S PROGRAMS**

494 Miramontes Ave., Half Moon Bay, CA. 94019  
Phone: 650-726-7413 Fax: 650-726-5660  
Tax I.D. #94-2407737

**FINANCIAL AGREEMENT/FEEES: SUMMER 2009**

1. **PAYMENT OF FEES:** I agree to pay the fees as I've requested on the other side of this contract. I agree to pay each week's fee at the start of each week. I understand that failure to pay will result in my child being dropped from the program.

I have received a CCP calendar and acknowledge the Centers will be closed during their Holidays and In-service days.

2. **REGISTRATION DEPOSIT:** I understand that a deposit of two weeks tuition is required for each child who registers. The deposit will be applied to the last two weeks tuition. If registering for one week only, one week deposit is required.

3. **LATE FEES & ADDITIONAL DAYS:** I agree to pay Late penalty of \$1.00 for each minute that I am late and Arrive after 6:00 p.m. to pick up my child. This penalty is charged per child. I understand that after three late arrivals, my child may be dropped from the program.

4. I understand that my contract is for specific days and weeks. If I need care for an additional day, beyond what I contracted for (i.e. signed up for 3 day/week and want to add a "4<sup>th</sup> day) I understand that if there is availability and approval by the Site Supervisor my child may add days at a rate of \$60.00 a day. If I need to contract additional weeks. I agree to fill out a new contract for the additional weeks. I understand that once I have signed up for a week. I cannot change the week for another one. I would have to sign up for an additional week.

5. **PAYMENT PROCEDURE:** All checks are payable to *COASTSIDE CHILDREN'S PROGRAMS* or *CCP*. Please reference your child's name and center location on the memo line of the check. Check are to be dropped off at your Child's center in the locked box provided. We do not accept cash.

6. **PAYMET DUE DATE:** I understand that fees are due and Payable in advance of my child attending the program. I understand that my child will not be accepted into the weekly program if payment is not made on the first day of attendance for each week.

7. I understand that if I have a balance due at the end of the Summer program that my child will not be eligible to participate in the Fall program until the balance is paid in full, even if I had reserved a space with a Fall deposit

8. **BAD CHECK PENALTIES:** A fee of \$35 will be charged for any check returned unpaid from my bank. Also, I am responsible For any costs, i.e. attorney or collector fees, that may be assessed in the collection of unpaid fees due according to my contract. If my check is returned for non-payment. I understand that only a money order will be accepted as payment from me.

9. **TUITION RESPONSIBILITY:** I understand that *COASTSIDE CHILDREN'S PROGRAMS* considers parents to be jointly and singularly responsible for tuition payments, regardless of joint custody agreements.

10. **WITHDRAWAL FROM PROGRAM:** I understand there must be written notification 2 weeks in advance to the Site Supervisor when withdrawing my child. Upon proper notice the fiscal office will refund any overpayment of fees beyond the 2 weeks. Failure to give proper notice will result in fees being Charged for the 2 weeks or forfeiture of fees previously paid.

I \_\_\_\_\_ read and understand all of the provisions contained herein and  
(print name)  
agree to the terms of this contract:

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SITE SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CHILD'S NAME

\_\_\_\_\_  
HOME PHONE NUMBER

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CHILD'S BIRTHDATE

\_\_\_\_\_  
GRADE IN THE FALL

\_\_\_\_\_  
WILL CHILD ATTEND IN THE FALL?

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN NAMES

Deposit Collected \$ \_\_\_\_\_ Weeks Deposit Applied To: \_\_\_\_\_ Tuition Collected \$ \_\_\_\_\_

TOTAL FEES COLLECTED \$ \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card (on file) \_\_\_\_\_