



SUMMER CAMP 2024 TUITION AGREEMENT

301 N. Chester Road, Swarthmore, PA 19081 www.tcdn.org
Phone: 610-544-4555 Fax: 610-604-9740 Email: michele@tcdn.org

Child's Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ D.O.B: \_\_\_\_\_
Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_
Email: \_\_\_\_\_ Email: \_\_\_\_\_
Address: \_\_\_\_\_ Address: \_\_\_\_\_
City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
Ph: (1st) \_\_\_\_\_ (2nd) \_\_\_\_\_ Ph: (1st) \_\_\_\_\_ (2nd) \_\_\_\_\_

Person(s) Designated by Parent to Whom Child May be Released: \_\_\_\_\_

Child T-Shirt Size: Youth Small Youth Medium Youth Large Youth Extra Large

Core Arrival and Departure Time: 8a-4p After Camp Arrival and Departure Time: 4p- 6p

Table with 5 columns: Theme, Starting/Ending Dates and Weeks Attending, Core Cost \$300.00, After Cost \$75.00, Total Wkly Cost. Rows include Art at the Start, Wizarding World, Sun, Sand & Sea, Fun-gineering, Rocking' Through the 50's, Nature Explorer, TCDN Summer Olympics 1, TCDN Summer Olympics 2, Camp Jurassic, Prorated Rates for Wk. #10, and End of Summer Jamboree.

- There is a non-refundable \$75.00 per week deposit due at the time of registration. Registration is not confirmed until the deposit is received.
• 5% Sibling Discount: on the youngest camper attending the same week.
• No cancellations or withdrawals after June 14th.
• Enrollment is on a first-come, first-serve basis. Spaces are limited.
• Tuition in full is due no later than June 14th.
• For each child, TCDN will provide care and snacks.
• If there is a balance due from the previous year, your child may not attend until the account is paid in full.
• There will be no reduction of fees for days missed due to illness, vacation, emergency closings, scheduled holidays, or closings. Fees are adjusted only for a serious or prolonged illness. This must be requested in writing.
• There is a fee of \$2.50 per minute for pick-ups beyond your child's scheduled time.
• For children with IEPs/GIEPs, please provide a copy to the Main Office.
• Families receiving subsidized care are asked to contact the office before registration.
• All registration packet forms will be emailed to families and must be returned before the child can start the program.
• Tuition assistance is available. Please contact the OST Director for more information.
• Please inform the Main Office if any contact information should change.

I, the Parent/guardian received complete written program information at the time of enrollment, and I agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum.

X \_\_\_\_\_ Date \_\_\_\_\_ Date: \_\_\_\_\_
Parent 1 Signature Director's Signature