



SUMMER CAMP 2025 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 (REQUIRED): _____

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 \$325.00, After Cost \$75.00, Total Wkly Cost. Rows include: Blowing Off STEAM, The Finish Line, Celebrate America, That 70's Decade, 'Splash'tacular, Ultimate Challenge, Let's Create, What's Beyond the Moon, Sports Mania, Prorated Rates for Wk. #10, End of Summer Jamboree.

- A nonrefundable \$75.00 per week deposit is 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 May 30th.
Enrollment is on a first-come, first-serve basis. Spaces are limited.
Full tuition is due no later than May 30th.
For each child, TCDN will provide care and snacks.
If a balance is 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 may start the program.
Tuition assistance is available. Please get in touch with 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 _____ Director's Signature _____ Date: _____
Parent 1 Signature