

# Day Camp Online Signature Form

(Submit after Completing Online Registration)

Please complete one (1) form for each child being enrolled in Day Camp.

Parent/Guardian Name:	Child Name:	
Child's Birth Date:	School/Day Camp Site:	Grade:

**Emergency-** In case of injury or sudden illness, I hereby give authority to any hospital or doctor to render immediate emergency aid/or any medical, surgical or hospital care, treatment and procedures as might be required at the time for my child's health and safety. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I understand that any expense for this service is my responsibility.

**Billing Information** - A \$5.00 non-refundable paper statement fee will be assessed for paper invoices and/or duplicate statements. Payment is due by the 1st of the month and must be received in full by the fifth (5th) of same month. Late Payment Fee is assessed after the 5th and is 10% of the unpaid balance, not to exceed \$50 per month. Childcare services will be interrupted on accounts where payment in full is not made by the end of the current month. If childcare is interrupted, your child will not be allowed to attend express until your balance is paid in full. Schedule changes must be submitted in writing to the Express Billing Office (e-mail/fax/written note) by the 23rd day of the current month to take effect the following month and accommodated based on space availability.

**Fees** - An additional fee of \$5 for each five (5) minutes or portion thereof will be charged per child for child(ren) picked up after the end of each program or dropped off prior to the start of each program. An extra use charged will apply to all days not covered by the child's monthly schedule.

**Withdrawal notification** - must be submitted in writing (e-mail/fax/written note) to the Express billing office ten (10) business days (2 weeks) prior to the withdrawal effective date. Parent/guardian is responsible for all charges up to and including the effective withdrawal date. Final payment on accounts is due ten (10) days after the final statement date.

**Sibling and Other Discounts** - The discount rate for siblings is 15% calculated on the sibling whose contract is of equal or lesser value.

We are only able to provide families with one childcare account per child. We cannot accommodate two separate parent/guardian accounts for scheduling and billing purposes.

I have read and understand the terms of the billing contract and accept full responsibility for all childcare fees incurred under the contract. I further agree that I have read the Billing Agreement, that I understand the role of Express, and that I will abide by all rules, regulations, policies and procedures of the program.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_