



# Camp Wild~Life Tuition Agreement

Family Name \_\_\_\_\_ Child(ren) \_\_\_\_\_,

I, \_\_\_\_\_, hereby agree to pay \$ \_\_\_\_\_/week to St. John's CCDC.

**(Weekly rates: full-time: \$235/ 3 days: \$162/ 2 days: \$ 108)**

I have **read and understand** the policies listed in the current Parent Handbook regarding: payment requirements, attendance, absence and withdrawal, and additional days.

(Initials)

\_\_\_\_\_ I am aware of the credit card service fees applied to all credit card transactions.

\_\_\_\_\_ I am aware there is **no additional fee** for an automatic Electronic Funds Transfer (EFT).

\_\_\_\_\_ I am aware there is a **\$30 fee** for a returned check.

\_\_\_\_\_ I am aware there is a **\$35 late payment fee**.

\_\_\_\_\_ I am aware that in the event of non-compliance of this tuition agreement the undersigned agrees to pay all costs of collection, including attorney fees, court costs, and collection agency fees.

Tuition payments will be made on the schedule indicated below and in accordance with the policies stated in this tuition agreement. All services must be paid for in advance. If you need to make alternate arrangements please get prior approval from the office staff.

### Agreement (please check one):

(Initials)

I hereby agree make monthly tuition payment on the \_\_\_\_\_ of every month.

I hereby agree to make bi-monthly payments on the   1   and   15   of each month. I understand that if these dates fall on a weekend or holiday payment is then due on the next business day.

Other arrangements: \_\_\_\_\_

\_\_\_\_\_ approved by: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date