


GRADES 1-2 ZION SDC ATTENDANCE CONTRACT 2008

(Please complete an Attendance Contract for each child.)

Child's Name _____ Grade in Fall '08 _____

Parent's Name(s) _____

- Please clearly **CHECK** the appropriate boxes indicating your child's planned attendance and your child's intention to participate in Special Events. Please **CIRCLE** the days your child will attend.
 - 5 DAY—Your child will attend camp four or more days or a full week (Monday-Friday).
 - 3 DAY—Your child will attend three days of a given week. **Please circle days of planned attendance.**
 - DAILY—Your child will attend one or two days of a given week. **Please circle days of planned attendance.**
 - All payments are due no later than the Friday before each week. A late fee of \$10.00 will be charged for payments received after their due dates. Extra fees for events are noted in parenthesis.
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WEEK #	ACTIVITIES	DAYS	EXTRA FEES (Office Only)	WEEKLY FEE (Office Only)	TOTAL (Office Only)
1] June 16-20 R&D Café Payment due June 16	<input type="checkbox"/> 5 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> Daily <input type="checkbox"/> F, Clam Diggers Bucket-O-Fun [\$8]	M T W T H F			
2] June 23-27 R&D Café Payment due June 20	<input type="checkbox"/> 5 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> Daily <input type="checkbox"/> M, Skating [\$6] <input type="checkbox"/> W, Beach [\$3] <input type="checkbox"/> F, Bowling [\$9] _{w/pizza/drink}	M T W T H F			
3] June 30- July 4 Closed July 4 (Independence Day) R&D Café Payment due June 27	<input type="checkbox"/> 4 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> Daily <input type="checkbox"/> TH, LB Aquarium [\$12]	M T W T H X			
4] July 7-11 R&D Café Payment due July 3	<input type="checkbox"/> 5 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> Daily <input type="checkbox"/> M, Skating [\$6] <input type="checkbox"/> W, Beach [\$3] <input type="checkbox"/> F, LA Zoo [\$7]	M T W T H F			
5] July 14-18 R&D Café Payment due July 11	<input type="checkbox"/> 5 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> Daily <input type="checkbox"/> TH, Ocean Quest [\$5] <input type="checkbox"/> F, Knott's Berry Farm [\$18]	M T W T H F			

WEEK #	ACTIVITIES	DAYS	EXTRA FEES (Office Only)	WEEKLY FEE (Office Only)	TOTAL (Office Only)
6] July 21-25 R&D Café Payment due July 18	<input type="checkbox"/> 5 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> Daily <input type="checkbox"/> M, Skating [\$6] <input type="checkbox"/> W, Beach [\$3] <input type="checkbox"/> F, Castle Park [\$20]w/lunch	M T W T H F			
7] July 28- August 1 R&D Café Payment due July 25	<input type="checkbox"/> 5 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> Daily <input type="checkbox"/> M, Bowling [\$9]w/pizza/drink <input type="checkbox"/> F, Adventure City [\$13]	M T W T H F			
8] Aug. 4-8 R&D Payment due August 1	<input type="checkbox"/> 5 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> Daily <input type="checkbox"/> M, Skating [\$6] <input type="checkbox"/> W, Beach [\$3] <input type="checkbox"/> F, Disc.Science Ctr. [\$12]	M T W T H F			
9] Aug. 11-15 R&D Payment due August 8	<input type="checkbox"/> 5 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> Daily <input type="checkbox"/> F, Santa Monica Pier Aquarium/Beach[\$9]	M T W T H F			
10] Aug. 18-22 R&D Payment due August 15	<input type="checkbox"/> 5 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> Daily <input type="checkbox"/> M, Skating [\$6] <input type="checkbox"/> W, Beach [\$3] <input type="checkbox"/> F, Soak City [\$17]	M T W T H F			

My child has an entrance pass to the following locations as noted on my contract (i.e. Knott's)_____.

To add, cancel or change any part of this contract, you must complete and submit an **Attendance Contract Change Form** at least **2 (two) WEEKS IN ADVANCE** of the proposed change. See "Zion SDC 2008 Fee & Contract Guidelines" page in the registration packet for **cancellation procedures**. All contract changes are subject to approval by the Summer Day Camp Director or Assistant Director. Approval of above special activities is dependent on available space and Business Office Clearance.

I understand that I will be held financially responsible for days and weeks selected on this contract.

Parent's Signature _____ Date _____

Director's Signature _____ Date _____

FOR OFFICE USE ONLY			
AMOUNT RECEIVED _____ / _____	DATE _____ / _____	CHECK # _____ / _____	
CASH RECEIPT # _____	STAFF INIT. _____ / _____	CONTRACT ACCEPTED <input type="checkbox"/>	
BUSINESS OFFICE CLEARANCE: YES	NO	DATE _____	DECLINED <input type="checkbox"/>