

SUMMER CAMP FEES

Name: _____

My child will attend St. Mary Magdalen Summer Camp 2011 for the entire summer for the fee of \$1,750.00. Weekly payments of \$175.00 are due on Monday morning of each week. Total Commitment: \$ _____ Signature: _____

Name: _____

My child will attend St. Mary Magdalen Summer Camp 2011 during the weeks indicated below. Weekly payments of \$185.00 are due on Monday morning of each week he/she is in attendance.

May 30- June 3.....CLOSED MEMORIAL DAY

- June 6 – June 10
- June 13 – June 17
- June 20 – June 24
- June 27- July 1
- July 4 – July 8.....CLOSED THE 4TH OF JULY
- July 11 – July 15
- July 18 – July 22
- July 25 – July 29
- August 1- August 5th

Total Commitment \$ _____ (#weeks x \$185.00)

I ACKNOWLEDGE THAT I AM RESPONSIBLE FOR PAYMENT OF ALL WEEKS I HAVE INDICATED WHETHER OR NOT MY CHILD ATTENDS.

Signature of person responsible for payment

Print Name

Date