Serendipity Day Camp

SERENDIPITY DAY CAMP SUMMER 2018 FEE AGREEMENT

Camper’s Name: ________________________________

**Deposit to secure Camper’s registration:** $220.00*
  
  Check # _____
  
  Paid on date: ___/___/2018

**Fee Amount/ per week:** $220.00

**Extended Day:** $25.00 in addition to base fee

**Late pick up fee:** $15 during the first 15 minutes and $10.00 for every 5 minutes thereafter

I, (parent/legal guardian) _______________________________, received the complete information regarding camp fee payments, which is also available on the Serendipity Day Camp’s webpage at: https://www.haverford.edu/serendipity at the time the application was submitted.

I, (parent/legal guardian) _______________________________, agree to pay all Camp Fees on the week(s) specified on my application and confirmed by Serendipity Day Camp.

All legal fees associated with collecting any over-due fee(s), will be charged to the parent/legal guardian of the camper; I agree to pay all such expenses (including any legal fees) to the designated appointee by Serendipity Day Camp: Haverford College.

Parent/Legal Guardian’s Name: ________________________________

Relationship to Camper: ________________________________

Parent/Legal Guardian’s Signature ________________________________

Date ________________________________

*Those submitting financial aid applications are requested to submit an initial deposit of $25 pending the review of their financial aid application; should this be a hardship, please contact: Denise Allison at dallison@haverford.edu.