

**UCP of Central Florida  
Summer Enrichment Program – Inclusion & VPK Programs  
(June 8, 2009 – August 19, 2009)**

**\$40.00 Non-Refundable Registration Fee & 1 Week Non-Refundable Tuition (Applied to Last Week of Camp)  
must accompany completed application to hold slot**

**(New Contract Must Be Completed/Signed Every Time There Is A Change To Your Child's Schedule-Fee will be assessed)**

**PLEASE READ CONTRACT POLICY TERMS AND CONDITIONS ON BACK OF THIS CONTRACT & SIGN BELOW**

Child's Name: _____	Date of Birth: _____
Address: _____	City: _____ Zip: _____
Parent/Guardian Name: _____	E-Mail: _____@_____
Phone: (H) _____ (W) _____	Cell _____
Emergency Contact's Name: _____	Relationship: _____ Phone: _____
Start Date: _____	Classroom: _____
Center Attending: _____	Does he/she have special needs? _____

<b>Inclusion Child Care Services – Fees are <u>weekly</u> (Monday – Friday) – Weeks within blocks cannot be split</b>			
	<u>7:30 – 5:30</u>		<u>8:30 – 2:30</u>
Under 2 Yrs	\$165.00		\$140.00
Over 2 Yrs	\$140.00		\$115.00
<b>Block 1</b>			
Week 6/08	<input type="checkbox"/>		<input type="checkbox"/>
Week 6/15	<input type="checkbox"/>		<input type="checkbox"/>
<b>Block 2</b>			
Week 6/22	<input type="checkbox"/>		<input type="checkbox"/>
Week 6/29	<input type="checkbox"/>		<input type="checkbox"/>
<b>Block 3</b>			
Week 7/06	<input type="checkbox"/>		<input type="checkbox"/>
Week 7/13	<input type="checkbox"/>		<input type="checkbox"/>
<b>Block 4</b>			
Week 7/20	<input type="checkbox"/>		<input type="checkbox"/>
Week 7/27	<input type="checkbox"/>		<input type="checkbox"/>
<b>Block 5</b>			
Week 8/03	<input type="checkbox"/>		<input type="checkbox"/>
Week 8/10	<input type="checkbox"/>		<input type="checkbox"/>
<b>Block 6</b>			
Week 8/17	<input type="checkbox"/>		<input type="checkbox"/>

<b>VPK Services – Fees are <u>weekly</u> (Monday – Friday)</b>			
<b>June 8, 2009 – June 11, 2009</b>	\$112.00 _____		
<b>June 12, 2009 – August 7, 2009</b>			
8:00am – 3:30pm	\$ 0.00 (with voucher)	_____	
8:00am – 3:30pm	\$250.00 (without voucher)	_____	
Before & after care	\$ 35.00	_____	
<b>Week 8/10/09</b>		<b>Week 8/17/09</b>	
7:30am – 5:30pm	\$140.00 _____	7:30am – 5:30pm	\$140.00 _____
8:30am – 2:30pm	\$115.00 _____	8:30am – 2:30pm	\$115.00 _____

**Enrollment Fee: \$40.00** \_\_\_\_\_

**Funding (If other than Private Pay, supporting documentation must be attached)**

\_\_\_\_ Private Pay      \_\_\_\_ 4C      \_\_\_\_ Other, List: \_\_\_\_\_

I agree to pay the weekly parent amount stated above. I also agree to submit my payment each Friday, prior to my child's attendance for that week. For payments made after 5:30pm on Monday, a late fee of \$10.00 will be added to the balance due. I understand that if payments are not made by the close of business on Monday, my child may not return until payment is made. I will pick up my child on time listed above and understand that if I am late I will pay late fees as described in the Parent Handbook. I have read and understand the Contract Policy and Terms on the back of this contract.

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

Center Director's Initials: \_\_\_\_\_