

**CAMP CADETS CONTRACT**

**PARENT/GUARDIAN AND CHILD INFORMATION**

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Name of Child \_\_\_\_\_

Date of birth \_\_\_\_\_

**HOURS**

The Camp Cadets hours for the child covered by this contract will be from

\_\_\_\_\_ [AM / PM] to \_\_\_\_\_ [AM / PM]

**DAYS OF CARE**

Monday     Tuesday     Wednesday     Thursday     Friday

**CHILDCARE REGISTRATION**

Full-Time     Part-Time (AM/PM)     Part-Time Full Days     Drop-In Care

**SIGNATURES OF THE PARTIES TO THE CONTRACT**

By signing this contract, clients indicate they have read the program's contract, and registration handbook and agree to all terms and conditions. Failure to enforce one or more of the terms of this contract or the registration handbook does not waive the program's right to enforce any other terms of the registration handbook or contract.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date