



## SUMMER CAMP PAYMENT AGREEMENT FORM

**Purpose of this form:** Use this form if you are not able to pay the full Summer Camp program balance at the time of Registration.

Student's Name: \_\_\_\_\_  
First Last

(If under 18) Parent/or Guardian: \_\_\_\_\_  
First Last

Course: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Terms and Conditions

1. I agree to pay the full Summer Camp balance (\$199.00) by no later than June 3rd, 2019.
2. I agree that the plan can't be changed or canceled once it has been signed.
3. I understand that if my child decides to not attend the Summer Camp, that I must notify AmSkills prior to June 3rd, 2019 to receive a full reimbursement.
4. If I pay by check and it is returned for insufficient funds, then I agree to pay the penalty of \$40 returned check fee.
5. I understand that if the balance is not paid in full by June 3rd, 2019 that my child will not be allowed to participate in the Summer Camp program.

I agree, and have read and understood all the above terms and conditions.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(If under 18) Parent/or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

### Office Use Only

Payment History

Paid Fees

Finance Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Non-Discrimination Policy

It is the policy of ICTC Governing Board dba AmSkills to provide equal educational opportunities for all people regardless of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity and expression, family responsibilities, political affiliation, disability, source of income, place of residence or business, and veteran status.