

Today's Date

AM SULLAR DAY CALP



TURN THIS PAGE IN

| I _ | make a commitment to God, myself and the SAC/SDC staff to |
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| СО | mply with the following guidelines. |
| • | I will use my inside voice at SAC/SDC. I understand that this shows self-control and expresses my best character. |
| • | I will follow directions, the first time I am asked. |
| • | I will keep my hands, feet, and all other body parts to myself. This shows that I respect my friends and SAC/SDC family. |
| • | I will use all furniture in the correct way. This includes use of electronics, tables, chairs, creative centers, desks, etc. |
| • | I will speak politely to my friends and to the SAC/SDC staff members. |
| • | I will treat others with respect i.e. my friends or SDC family members. This means that I will refrain from intentional verbal or written name-calling, hiding or taking another person's belongings, teasing, hitting of throwing objects at another person or any other demeaning or excessive behavior that is intentionally directed at another person. |
| • | When it is time to go home, I will clean up and put away toys/craft materials and will quickly meet my parent(s). |
| • | I will use words that are respectful and pleasing to God. This means that I will choose my words carefully when I speak, write or input words on the computer keyboard. |
| • | I will only use electronic equipment at SAC/SDC i.e. MP3's/I-PODS/PDA's/GAMES/CELL PHONES/CAMERAS with permission from parent and Staff. |
| tha | inderstand all of these guidelines and will follow them to the best of my ability. I also understand at if I fail to keep my commitment I may be corrected by a SAC/SDC staff member and that my rents may be notified. |
| | Student's Signature |
| | Parent Signature |
| | |



AM SULLE DIF CALP



| Tuition Y to I | TURN THIS PAGE IN |
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| Tuition Initials I agree to pay all tuition and fees required in accordance with Zion's tuition and understand that the summer camp tuition is due ten days after the poster contracts that my child or children are attending. I understand that my child ineligible to attend Zion's summer camp if payment has not been received my contract. Past due accounts will affect future enrollment for SAC and Ziee of \$30 will apply to all late payments. | ed billing date on the d is d in accordance with |
| Trip FeesInitials I agree to pay all trip fees before the trips occur with cash, check, venmo derstand my child will not go on the trip unless paid for in advance or who later time. | or credit card. I un- en trip is added at a |
| Schedule ChangesInitials I understand to add, cancel or change any part of this contract, I must comp Attendance Contract Change Form at least 2 (two) WEEKS IN ADVANCE change. See "Zion SDC Fee & Contract Guidelines" page in the registrate for cancellation procedures. All contract changes are subject to approval be Camp Director. I understand I will not be credited for days removed in sun cedure. I also understand I will be charged for days added in summer. I und bility to submit all schedule changes utilizing the required schedule change must be submitted directly to the SAC front desk to staff. I understand that a communication, verbal, email etc will not be accepted. All contract change approval by the Summer Day Camp Director. | E of the proposed ion packet or online by the Summer Day nmer if not done by pro lerstand it is my responsi form. Schedule changes ny other form of |
| Late Pick Up FeesInitials I understand a late pick-up fee of \$1.00 per minute, per child past 6:00 p.m. fees will be billed to your account. | w/ no cap. Late |
| Peanut AllergyInitials I clearly understand that Zion is not a peanut free environment and that their tact with peanuts and or peanut related products. I agree to read and adhere Zion's Handbook. | |
| Illness including Covid 19 SymptomsInitials I understand my child or children will not be permitted to camp if ill. Your camp if he or she is exhibiting any of the following symptoms: fever, congest vomiting/diarrhea, sore throat, headache, fatigue/muscle or body aches, con orloss of taste/smell. Your student should also stay home if he or she has been with a confirmed COVID-19+ case. | tion/runny nose, nausea/ ugh, difficulty breathing, |
| Toys, Electronics and iPads From Home <i>Initials</i> I understand that toys, electronics, and iPads from home are permitted on spatimes only. I agree and will adhere to all policies stated in the handbook region home. | |
| Discipline PolicyInitials Should there be a behavior/discipline problem with your child during the sugram, you may be called to pick-up your child immediately at the discretion Director. If a child continues to have a behavior/discipline problem, he/she | of the SAC |

Signature ____ Date___

from the summer camp program at the discretion of the SAC Director.