



Extended Hours Registration Form

Please check the branch location where your child will attend: Tumwater Rochester Lacey Olympia

Member Name: _____ Grade: _____

Parent Name: _____ Phone: _____

*Please check the weeks that your child will attend Extended Hours at the Club. We will reserve a space in the Extended Hours Program for your child based on the weeks you select. If you decide to cancel any of the selected weeks, you must follow our cancellation policy as described below. **The purchase of a Club t-shirt is required if your child will be attending any of the first come, first serve field trips at the Lacey or Tumwater Clubs. Field trips are NOT included in the price of the Extended Hours Program, and must be paid for at the time of trip registration. The fee for Extended Hours is \$105.00 per week/per child. Scholarships are available; please apply at the Front Desk.***

FEES:		
Membership Fee: _____	Weekly Fee: _____	Camp T-shirt: \$7.00 Size _____

June SESSION
<input type="checkbox"/> June 26-30
Total Due: _____

July SESSION
<input type="checkbox"/> July 3-7 (CLOSED July 4th)
<input type="checkbox"/> July 10-14
<input type="checkbox"/> July 17-21
<input type="checkbox"/> July 24-28
Total Due: _____

August SESSION
<input type="checkbox"/> Aug. 7/31-8/4
<input type="checkbox"/> Aug. 7-11
<input type="checkbox"/> Aug. 14-18 (Last week Oly/Roch)
<input type="checkbox"/> Aug. 21-25 (Tumwater, Lacey only)
Total Due: _____

Payment Deadlines are as follows:

- June or First Session: Due at the time of sign-up
- July Session: Due July 3
- August Session: Due August 1
- Payment Plans: Must start at the time of registration and be paid in full by the end of summer

Parent Policy Agreement for the Extended Hours Program:

Please read and initial each line agreeing to the policies of the Extended Hours Program.

1. _____ I understand that payments are due on the first business day of the month and will be considered late if received after the 5th and a \$10.00 late fee will be assessed.
2. _____ I understand that if payment is not made by the appropriate due date the Club will not reserve a space for my child and they will not be able to attend the Extended Hours Program. If a payment arrangement is needed please contact your Club Director ASAP.
3. _____ I understand that cancellation of weeks must be made **in writing by the Friday prior** to the start of the week being cancelled. If weeks are not cancelled accordingly I will be charged full price for them.
4. _____ I understand that Boys & Girls Clubs of Thurston County reserves the right to revoke Extended Hour privileges as well as check writing privileges for non-payment and/or NSF payments.

I have read and understand the policies of the Boys & Girls Clubs of Thurston County Extended Hours program and agree to follow them as stated.

Signature of Parent or Guardian _____
Date

-----FOR OFFICE USE ONLY-----

Payment Date	Receipt Number	Amount	New Balance	Staff Initials
_____	_____	_____	_____	_____