

*Evangel Christian School*  
1277 JUBILEE DRIVE  
SARALAND, AL 36571  
251-675-4619

Summer Camp Payment Agreement

Student Name: \_\_\_\_\_

Payee's Name: \_\_\_\_\_

Date: \_\_\_\_\_ Attendance Status: \_\_\_\_\_

I, \_\_\_\_\_ agree to pay Evangel Christian School the sum of  
\*\$ \_\_\_\_\_ per week/day, due on Monday, or at the time of drop-off for daily rates.  
These payments beginning the week of \_\_\_\_\_ and ending  
the week of \_\_\_\_\_ or at the time of \*\*official withdrawal.  
I also agree to pay a \$10.00 late fee for any weekly payment not received by 6:00 P.M.  
on Tuesday of the same week in which payment is due. I also agree to pay a \$5.00 per  
day late fee for any drop-in payment not paid on the drop-in day. I understand a  
\$10.00 PER quarter hour fee for any pick-ups after 6:00 P.M. is immediately assessed  
to my account and is payable with the next weeks fee. In addition to these obligations,  
I agree to pay a \$20.00 fee for any insufficient funds check returned from the bank.

Signature \_\_\_\_\_  
(Individual Responsible for Payment of Account Only)

Date \_\_\_\_\_

\*Prices subject to change with a two-week notice.\*

\*\*Official Withdrawal shall consist of a written and signed statement from the individual responsible for making payment on the account. This statement shall indicate that the child will no longer be in attendance and shall contain a specific withdrawal date.

CHILDREN WILL NOT BE ALLOWED TO ATTEND SUMMER CAMP IF ANY WEEKLY PAYMENT IS BEYOND 5 DAYS LATE. EVANGEL CHRISTIAN SCHOOL RESERVES THE RIGHT TO FILL ANY CHILD'S POSITION IF THAT CHILD MISSES TWO WEEKS PENDING CLEARANCE OF HIS/HER ACCOUNT. ALL ACCOUNTS, AFTER DISMISSAL FOR DELINQUENT PAYMENTS AND A 30 DAY GRACE PERIOD, SHALL BE TURNED OVER TO A COLLECTION AGENCY OR THE ACCOUNT MAY BE SUBJECT TO SMALL CLAIMS COURT.