**Payment/Billing Agreement**

**Four Seasons Camp @ Nine Mile Island**

Payment for services will be done through TUITION EXPRESS with a check or credit card on file. Forms can be found in the Enrollment Packet and are required for children to attend! **CASH will not be accepted!**

Your payment will run every Friday prior to the week of care.

Terms and Conditions

**Please initial each statement below:**

\_\_\_\_Any photo or video taken of my child by Four Seasons may be used for marketing purposes.

\_\_\_\_Four Seasons is not responsible for loss or damage to campers’ property during the camp season.

\_\_\_\_My child has my permission to participate in all camp activities and field trips. I understand that this program may include field trips off the premises.

\_\_\_\_I give Four Seasons permission to transport my child by bus from Four Seasons to camp and any off premises field trips. I have also reviewed the transportation plan found online on **www.fourseasonsfamily.com.**

\_\_\_\_I give Four Seasons permission to apply topical ointment.

\_\_\_\_In the case of an emergency, I authorize Four Seasons staff to provide Emergency Medical Care to my child.

\_\_\_\_I read and understand the behavioral expectations of my child as outlined on **[www.fourseasonsfamily.com](http://www.fourseasonsfamily.com).**

\_\_\_\_Any additional fees, which may include adding weeks and/or any additional days, may be charged to the card on file.

\_\_\_\_There is no fee reduction, credit or reimbursement for absences during a session.

\_\_\_\_If a child is withdrawn from Camp by the parents, prior to session’s end, no refund is given.

 **I have read and agree to the terms stated above, and further agree to be responsible for all fees dues.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*All forms MUST be completed and returned with Registration/Activity Fee & Security Deposit Payment\*\*\***

**Please return completed form to:**

Four Seasons Child Care Center

1639 North French Rd

Getzville, NY 14068

(716) 568-1140