



SUMMER CHILDCARE

RAINER CHRISTIAN SCHOOLS

2020

Campus: **Kent View Elementary** **Maple Valley Elementary**

Accepting student entering grades 1-6 for 2020/2021 school year.

Childcare Hours: 7:00a.m.- 6:00p.m. (Max 10 hours)

Student Name: _____	Grade in Fall: _____
Student Name: _____	Grade in Fall: _____
Parent/Guardian Name: _____	Email: _____

Registration Fee:	\$100/Student
Weekly Fee:	\$215/Student \$135/Student, 3 full-days
Drop-In:	\$80/day or \$20/hour per student

Approx. Drop Off Time: _____ Approx. Pick Up Time: _____

CHOOSE YOUR CARE				
WEEK				TOTAL DUE
1. Jun 15 – Jun 19	<input type="checkbox"/> Full-Time	<input type="checkbox"/> 3 Full-day	<input type="checkbox"/> Drop-in \$80 x ___ day(s) or \$20 x ___ hour(s) (Circle Days) M T W TH F	\$
2. Jun 22 – Jun 26	<input type="checkbox"/> Full-Time	<input type="checkbox"/> 3 Full-day	<input type="checkbox"/> Drop-in \$80 x ___ day(s) or \$20 x ___ hour(s) (Circle Days) M T W TH F	\$
3. Jun 29 – Jul 2	<input type="checkbox"/> Full-Time	<input type="checkbox"/> 3 Full-day	<input type="checkbox"/> Drop-in \$80 x ___ day(s) or \$20 x ___ hour(s) (Circle Days) M T W TH -	\$
4. Jul 6 – Jul 10	<input type="checkbox"/> Full-Time	<input type="checkbox"/> 3 Full-day	<input type="checkbox"/> Drop-in \$80 x ___ day(s) or \$20 x ___ hour(s) (Circle Days) M T W TH F	\$
5. Jul 13 – Jul 17	<input type="checkbox"/> Full-Time	<input type="checkbox"/> 3 Full-day	<input type="checkbox"/> Drop-in \$80 x ___ day(s) or \$20 x ___ hour(s) (Circle Days) M T W TH F	\$
6. Jul 20 – Jul 24	<input type="checkbox"/> Full-Time	<input type="checkbox"/> 3 Full-day	<input type="checkbox"/> Drop-in \$80 x ___ day(s) or \$20 x ___ hour(s) (Circle Days) M T W TH F	\$
7. Jul 27 – Aug 1	<input type="checkbox"/> Full-Time	<input type="checkbox"/> 3 Full-day	<input type="checkbox"/> Drop-in \$80 x ___ day(s) or \$20 x ___ hour(s) (Circle Days) M T W TH F	\$
8. Aug 3 – Aug 7	<input type="checkbox"/> Full-Time	<input type="checkbox"/> 3 Full-day	<input type="checkbox"/> Drop-in \$80 x ___ day(s) or \$20 x ___ hour(s) (Circle Days) M T W TH F	\$
9. Aug 10 – Aug 14	<input type="checkbox"/> Full-Time	<input type="checkbox"/> 3 Full-day	<input type="checkbox"/> Drop-in \$80 x ___ day(s) or \$20 x ___ hour(s) (Circle Days) M T W TH F	\$
10. Aug 17 – Aug 21	<input type="checkbox"/> Full-Time	<input type="checkbox"/> 3 Full-day	<input type="checkbox"/> Drop-in \$80 x ___ day(s) or \$20 x ___ hour(s) (Circle Days) M T W TH F	\$

Financial Agreement and Policy

Payment Options: All families are required to sign up for a FACTS account.	PAY IN FULL (before the first day of camp)	MONTHLY	WEEKLY One Week in Advance	Form of Payment
<input type="checkbox"/> RCS Student <input type="checkbox"/> Non-RCS Student	\$	Jun 15: \$ Jul 1: \$ Aug 1: \$	\$_____for ___weeks	Cash/Check <input type="checkbox"/> FACTS* <input type="checkbox"/>
*Auto Pay function for Incidental Expenses must be set up in FACTS account in order to pay by FACTS.				

Late Pick-Up Fee: \$15 per 5-minute segments

After 6:00p.m. a late fee will be assessed for every 5-minute segments of time, per student.

The completed summer registration form and registration fee of \$100.00 must be submitted 2 business days **prior to attendance**. All weekly fees must be **paid in full one week in advance**. There are **no refunds** for any Summer Children absences. Prepaid weekly fees are refundable with a 2-week advance written notice. All RCS school balances must be current prior to registering for the 2020 Summer Childcare program.

By signing this financial agreement, I acknowledge that I have read and understand the **“Financial Agreement and Policies”** of Rainier Christian Schools. I agree to abide by the policies and pay all fees accordingly.

_____ / _____ / _____
Signature of Financially Responsible Person Print Name Date


Rainier Christian School adheres to the latest state and local health guidance for staff members and admitting students on a daily basis. If you have specific questions regarding our safe practices, please contact the childcare or school director.

KVE: don.garnand@rainierchristian.org

MVE: dave.glass@rainierchristian.org

Campus Office Use Only:

Form Received By:	Received Date:	Payment Received: \$ Check# _____ / Cash / Credit Card
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 RAINIER CHRISTIAN SCHOOLS	RCS District Office 16700 174 th Ave SE PO BOX 58249 Renton, WA 98058 425.255.7273	Maple Valley Elementary 16700 174 th Ave SE Renton, WA 98058 425.266.4640	Kent View Elementary 20 49 th Street NE Auburn, WA 98002 253.852.5145
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