



Patriot Camp Summer Day Camp Payment Form 2022

Camper Name: _____

Parent Name: _____ Date: _____

LCS Summer camp is open from 7:30 am to 5:30 pm Monday through Friday from June 20th -to August 12th. Space is limited. The rate per camper is \$45 per day with a sibling discount rate of \$40 per day. Payment is required at least two weeks in advance to secure each camper's spot.

	Payment Due	Circle Days	\$45 Per Day	Sub Total
<input type="checkbox"/> Week 1 -(June 20 th -June 24 th)	6/6	M T W TH F	___ #of days x \$45 =	___
<input type="checkbox"/> Week 2 -(June 27 th – July 1st)	6/13	M T W TH F	___ #of days x \$45 =	___
<input type="checkbox"/> Week 3 -(July 5 th – July 9 ^h)	6/20	T W TH F	___ #of days x \$45 =	___
<input type="checkbox"/> Week 4 -(July 11 th - 15 th)	6/27	M T W TH F	___ #of days x \$45 =	___
<input type="checkbox"/> Week 5 - (July 18 th - 22 rd)	7/5	M T W TH F	___ #of days x \$45 =	___
<input type="checkbox"/> Week 6 -(July 25 th -July 29 th)	7/11	M T W TH F	___ #of days x \$45 =	___
<input type="checkbox"/> Week 7 -(Aug 1 st - 5 th)	7/18	M T W TH F	___ #of days x \$45 =	___
<input type="checkbox"/> Week 8 -(Aug 8 th -12 th)	7/25	M T W TH F	___ #of days x \$45 =	___

SIBLING DISCOUNT RATE BELOW

(First child is \$45 per day; second child is \$40 per day)

Camper Name: _____

	Payment Due	Circle Days	\$40 Per Day	Sub Total
<input type="checkbox"/> Week 1 -(June 20 th -June 24 th)	6/6	M T W TH F	___ #of days x \$40 =	___
<input type="checkbox"/> Week 2 -(June 27 th – July 1st)	6/13	M T W TH F	___ #of days x \$40 =	___
<input type="checkbox"/> Week 3 -(July 5 th – July 9 ^h)	6/20	T W TH F	___ #of days x \$40 =	___
<input type="checkbox"/> Week 4 -(July 11 th - 15 th)	6/27	M T W TH F	___ #of days x \$40 =	___
<input type="checkbox"/> Week 5 - (July 18 th - 22 rd)	7/5	M T W TH F	___ #of days x \$40 =	___
<input type="checkbox"/> Week 6 -(July 25 th -July 29 th)	7/11	M T W TH F	___ #of days x \$40 =	___
<input type="checkbox"/> Week 7 -(Aug 1 st - 5 th)	7/18	M T W TH F	___ #of days x \$40 =	___
<input type="checkbox"/> Week 8 -(Aug 8 th -12 th)	7/25	M T W TH F	___ #of days x \$40 =	___

Your Child's spot is not reserved until paid for, on or before the session due date, and has been acknowledged by a confirmation email. **LATE PAYMENTS ARE NOT ACCEPTED.**

Total 1st child: _____
 Total 2nd child: _____
Total Paid: _____