FCCC Request for a Payment Arrangement

I, _____ would like to request a payment arrangement for Summer Camp 2024.

Child's name _____

Site _____

I will make payment(s) on the following date(s)_____

In the amount of _____

- I understand that payment for the first week my child is enrolled is due on or before May 24, 2024.
- I understand this agreement is not considered approved until I receive confirmation from FCCC's Finance Department.

_____ _____

Parent/Guardian Signature Date