



Summer Camp & Respite Programs Cancellation/Refund Policy

Summer & Holiday Camp

- All refunds are subject to a \$100 cancellation fee.
- Refunds will be given if cancellation of session occurs at least 7 days prior to the session start date.
- If cancellation occurs less than 7 days prior to the session start date, refunds will be given only for medical reasons or a family emergency. For medical reasons we may request a doctor's note to substantiate medical reason.
- Subsequent cancellations that are less than 7 days prior to the session start date, will result in the camper being removed from all remaining registered sessions, and placed at the bottom of the waiting list.

Respite Weekends

- All refunds are subject to a \$50 cancellation fee.
- Refunds will be given if cancellation of session occurs at least 7 days prior to the session start date.
- If cancellation occurs less than 7 days before the session start date, refunds will be given only for medical reasons or a family emergency. For medical reasons we may request a doctor's note to substantiate medical reason.
- Subsequent cancellations that are less than 7 days prior to the session start date, will result in the camper being removed from all remaining registered sessions, and placed at the bottom of the waiting list.

Day Camp

- All refunds are subject to a \$80 cancellation fee per day of cancellation.
- Refunds will be given if cancellation of session occurs at least 7 days prior to the session start date.
- If cancellation occurs less than 7 days before the session start date, refunds will be given only for medical reasons or a family emergency. For medical reasons we may request a doctor's note to substantiate medical reason.
- Subsequent cancellations that are less than 7 days prior to the session start date, will result in the camper being removed from all remaining registered sessions, and placed at the bottom of the waiting list.

For more information, please refer to www.ikuslife.org on:

Sick/Injured Camper Policy

Camper Behavior & Camper Eligibility for Summer Camp & Respite Programs Policy

By signing below, I have reviewed and understand this Policy.

Reviewer Signature: _____ Date: _____