

CAMP BILLING FORM

(To be completed by Parent/Guardian)



2022

BILLING PARTY INFORMATION

(PLEASE PRINT CLEARLY)

YMCA Member:

Yes No

Child's Name _____

Secondary Sponsor Name _____

Primary Sponsor Name _____

Sponsor share _____%

Sponsor share _____%

FA _____%

FA _____%

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home/cell (_____) _____

Home/cell (_____) _____

LOCATION INFORMATION

(PLEASE CHECK ALL THAT APPLY)

START DATE: ____/____/____

- 10 Week Program **\$1710/summer**
- Full-time (5, 4 or 3 days/week) Y-Member **\$190/wk.** Non Y-Member **\$205/wk.**
- Part-time (1 to 2 days/week) Y-Member **\$115/wk.** Non Y-Member **\$125/wk.**

Days of Attendance:

Mon Tue Wed Thur Fri

Weekly total:

\$

BILLING METHOD

Draft date: 1 week prior to attending*

*Attending June 29th, Payment due June 22nd

Please draft the account # below

Master Card

Expiration Date: _____ / _____

Visa

Account #: _____ - _____ - _____ - _____

Account Holder's Name: _____

Date: _____

Signature: _____

PARENT/GUARDIAN AGREEMENT

(I understand:)

- Payments are due to the YMCA one week prior to attending.
- Should a non business day or holiday fall on the 1st or 15th, the account will be drafted on the next full business day.
- Payments not received on due date are subject to a \$25 late fee.
- The YMCA requires 2 weeks notice for termination of care. I am responsible for full payment of these 2 weeks of care.
- If payment is not received the YMCA will send me to a collection agency for further action.
- All changes to my child's schedule of care must be made 48 hours in advance.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE

Parent/Guardian Signature _____

Date _____