



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2022 CAMP FEE PAYMENT AND CANCELLATION/CHANGE POLICY AGREEMENT

CAMP PAYMENT METHODS:

Please select one of the camp payment options below. Registration cannot be confirmed until the entire completed registration packet is returned and payment arrangements are confirmed.

When selecting the automatic bank draft method, there is a \$40 non-refundable deposit per week, per camper that must be paid at the time of registration. Scheduled camp payments end on May 27, 2022. As of May 28, 2022, all camp programs including before & after care, must be paid in full at the time of registration. Due to the popularity of our camp, we must enforce a strict cancellation policy. Refunds will be given, minus the non-refundable \$40 deposit, if the parent/guardian cancels two weeks or more prior to the camp week start date. If a two week notice is not provided, no refund or credit will be issued. We are dedicated to working with all families and are committed to ensuring children enjoy their summer camp experience, please contact the front desk with questions.

PLEASE SELECT PAYMENT METHOD BELOW:

- PAY IN FULL:** I wish to pay my balance due in full. Total Balance Due: \$_____.
- FINANCIAL ASSISTANCE:** I have applied for financial assistance (the completed application is enclosed with this registration form). When selecting this option, billing information must be completed below. Once you receive your Award Letter, you will need to register your child into your choice of Summer Camp. Please note, payments will be drafted after registration is complete.
- STATE OR INDEPENDENT AGENCY:** State Agency or Independent Agency is assisting with my child's camp fees.
Please provide your Subsidy Award Letter or proof of assistance. Name of Agency: _____
- AUTOMATIC PAYMENTS:** I authorize automatic payments as listed below. I understand I am responsible for payment and will be charged an additional \$40 NSF charge if any payment is returned or fails to authorize. These fees are due prior to your child attending camp. **Should payment be past due without resolution, we have the right to restrict the child from further attendance.**

- Visa MasterCard

Name on Credit Card: _____ Card Number: _____

CVC Number: _____ Exp Date: _____ / _____ Billing Address: _____

Signature: _____

- Auto Draft from Bank Account Name on Account: _____

Routing Number: _____ Account Number: _____

CHANGE POLICY:

Fees are based on enrollment, not attendance. Our desire is to enable every child who wants to come to camp the opportunity to do so. Unfortunately, we fill our allotted camper spots early and have to implement a waiting list. Due to the popularity of our camp, we must enforce a strict Change Policy.

- If you change your scheduled week(s) of camp, you will be charged a non-refundable fee of \$40/week.

I have read or had read to me the Fee Policy Agreement and understand and accept its terms.

I understand that fees are based on enrollment and not attendance.

Signature: _____ Print Name: _____ Date: _____