

2018 Cole Center Family YMCA Summer Daycamp Payment Form

Child(ren)'s Name: _____

Payee Responsible Party: _____

Session Registration and Payment Information: (All Rates are Member/Community-Member)

Preschool Camp Ages 3-5	Traditional Camp	Leaders in Training (LIT)
Registration Fee: \$10 2 Week Session: \$32 2 Day \$45 4 Day Check One: Kendallville 9a-12p M/W Kendallville 9a-12p T/R Kendallville 9a-12p M/T/W/R Check all that apply: <input type="checkbox"/> Session 1 June 4-15 <input type="checkbox"/> Session 2 June 18-29 <input type="checkbox"/> Session 3 July 9-20 <input type="checkbox"/> Session 4 July 23-August 3	Entering Grades K-5 Monday-Friday 9:00AM-4:00PM Registration Fee: \$10 Check One: <input type="checkbox"/> Weekly \$100M/\$150CM <input type="checkbox"/> Daily* \$25M/\$50CM <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F Check all that apply: <input type="checkbox"/> Session 1 May 29-June 1* <input type="checkbox"/> Session 2 June 4-8 <input type="checkbox"/> Session 3 June 11-15 <input type="checkbox"/> Session 4 June 18-22 <input type="checkbox"/> Session 5 June 25-29 <input type="checkbox"/> Session 6 July 2-6* <input type="checkbox"/> Session 7 July 9-13 <input type="checkbox"/> Session 8 July 16-20 <input type="checkbox"/> Session 9 July 23-27 <input type="checkbox"/> Session 10 July 30-August 3 <input type="checkbox"/> Session 11 August 6 *No camp on July 4th * Weekly session these weeks \$80M/\$130CM Please submit a schedule in writing if your camper's daily participation will vary.	Entering Grades 6-8 Monday-Friday 9:00AM-4:00PM Registration Fee \$10 Check One: <input type="checkbox"/> Weekly Billing: \$75M/\$125CM <input type="checkbox"/> Daily* \$25M/\$50CM <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F Check all that apply: <input type="checkbox"/> Session 1 May 29-June 1 <input type="checkbox"/> Session 2 June 4-8 <input type="checkbox"/> Session 3 June 11-15 <input type="checkbox"/> Session 4 June 18-22 <input type="checkbox"/> Session 5 June 25-29 <input type="checkbox"/> Session 6 July 2-6* <input type="checkbox"/> Session 7 July 9-13 <input type="checkbox"/> Session 8 July 16-20 <input type="checkbox"/> Session 9 July 23-27 <input type="checkbox"/> Session 10 July 30-August 3 <input type="checkbox"/> Session 11 August 6 *No camp on July 4th * Weekly session these weeks \$80M/\$130CM Please submit a schedule in writing if your camper's daily participation will vary.

Payment Contact Name: _____ Phone Number: _____

Please withdraw funds from: Checking Savings Credit/Debit Card Use the account on file for membership

Bank Name: _____ Routing Number: _____ Account Number: _____

Name on Card: _____ Card Type: _____ Card #: _____

Exp: _____ Sec # _____

Card Holder Address: _____ City: _____ State: _____ Zip: _____

This authority is to remain in full force and effect until YMCA had received WRITTEN notification from myself of its termination. Should any debit not be honored by said bank/credit card company when received, then it is understood that the payment is to be made by me (us) to the YMCA in the amount of said payment and a \$20.00 return fee. All weekly camp fees will be scheduled on the Friday prior to camper participation. Daily and trip fees will be scheduled on the day of participation.

Account Holder's Signature: _____ Date: _____