

Camper(s) Name(s) _____ (One form for EACH family)
*If schedules are different among siblings, please fill out one per child.

Summer Day Camp Credit Card Form 2019

BILLING INFORMATION

Name on Credit/Debit Card _____

The Mason City Family YMCA can only accept payment from Visa, Master Card, or Discover debit/credit cards.

(Circle one) VISA • MASTER CARD • DISCOVER

Account # _____

Expiration Date: _____ Verification Code: _____

Email for Receipts/Invoices: _____

Please fill out the following to the best of your knowledge:

Charges: \$2.75/hour up to \$105 per week

Option 1: A one-time \$25 non-refundable registration fee is due at the time of registration.
This fee is not applied to camp charges.

Option 2: DHS/Financial assistance - set up with Youth Director prior to registration.
A one-time \$25 non-refundable registration fee is due at the time of registration.

My child will be attending

- | | | |
|---|--|--|
| <input type="checkbox"/> Week 1: June 3-7 | <input type="checkbox"/> Week 5: July 1-3 (Mini) | <input type="checkbox"/> Week 9: Jul 29-August 2 |
| <input type="checkbox"/> Week 2: June 10-14 | <input type="checkbox"/> Week 6: July 8-12 | <input type="checkbox"/> Week 10: August 5-9 |
| <input type="checkbox"/> Week 3: June 17-21 | <input type="checkbox"/> Week 7: July 15-19 | <input type="checkbox"/> Week 11: August 12-16 |
| <input type="checkbox"/> Week 4: June 24-28 | <input type="checkbox"/> Week 8: July 22-26 | <input type="checkbox"/> Week 12: August 19-23 |

Fourth of July Week: No Camp on Thursday 7/4 & Friday 7/5

Please indicate the **approximate** hours your child will attend each day (example: 8AM—4PM)
(subject to change)

Monday	Tuesday	Wednesday	Thursday	Friday

PLEASE READ AND SIGN PAYMENT AGREEMENT ON BACK!

PAYMENT AGREEMENT:

All participants in the Summer Day Camp Program are required to have a valid credit/debit card on file at the time of registration. The credit/debit card will be charged weekly for all program fees according to the payment schedule as listed on the flyer.

- I request and authorize the Mason City Family YMCA (Y) to automatically deduct payments from my debit/credit card at the institution named above. I understand that these deductions will be applied to my Summer Day Camp fees.
- I understand that my funds will be drawn on the schedule as noted on the flyer.
- I agree to immediately notify the Y of any account changes. The Y reserves the right to resubmit an electronic draft for a second time should funds be returned as insufficient.
- I understand that my participation is subjected to approval by the Y and can be revoked at any time.
- I understand that the Y will keep this information confidential and secure.
- This authorization will remain in effect through the end of the 2019 Summer Day Camp Program with a final withdrawal on 9/27/2019 for any unpaid Summer Day Camp fees. If a balance remains for Summer Day Camp fees after 9/27/2019, I understand that my card will continue to be run on a monthly basis, and I will receive invoices through email and mail until all funds are paid in full.
- I understand that an unpaid balance will effect my child's enrollment in future Youth activities at the Y.

Payments in Full - If your desire is to pay in full by cash, check, or credit/debit, you must make a payment at the front desk at the Mason City Family YMCA by Friday of the registered week or payments will be auto pulled according to the payment schedule on the Summer Day Camp Flyer.

By signing this form I agree to the above terms and conditions and the payment agreement as printed on the back of this form.

Signature _____ Date: _____