



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Topeka Back to School Camp **August 9 – 13 & August 16 - 20**

A fun filled program will be available for children at the Southwest YMCA Location.

Cost is 27.00 Member / 30.00 Non Member - per child per day

Hours of care are: 7:00am – 5:30pm

Please Bring:

Non- Perishable sack lunch (no soda please)
Medication (if necessary) with completed authorization form
Swimsuit & Towel

****Notice:** If registered children are unable to attend, please call at least 24 hours in advance to cancel. If registration is not cancelled, a \$ 10 administrative fee will be charged***

Please Circle Days.

Monday 8/9 - Tuesday 8/10 - Wednesday 8/11 - Thursday 8/12 - Friday 8/13

Monday 8/16 - Tuesday 8/17 - Wednesday 8/18 - Thursday 8/19 - Friday 8/20

Please Print

Child's Name: _____ Child's Name: _____

Child's Name: _____ Child's Name: _____

Emergency Contact Information:

Parent/Guardian: _____ Parent/Guardian _____

Phone #: _____ Phone #: _____

Email: _____ Email: _____

PAYMENT INFORMATION ON BACK OF FORM MUST BE FILLED OUT TO COMPLETELY TO ENROLL CHILD

Parent/Guardian Signature _____ Date _____

Staff Initials _____ Date _____ Acct# _____
YMCA OF TOPEKA

YMCA Program Payment Agreement

Initials **Accounting Policies:**

- ___ 1. Acceptable payment form is: Scheduled payment by Electronic Funds Transfer (EFT) or credit card. Pay in full by cash, check or credit card.
- ___ 2. Drafts will be made on Friday for the following week of primetime & kid's club. **Drafts will be made each week unless two-week written notification** has been provided for cancellation.
- ___ 3. The Y does not issue statements for individual tax purposes. Please keep any and all cancelled checks, payment receipts or bank statements as documentation of childcare payments.
- ___ 4. No adjustments in the weekly fee will be made for partially attended weeks.
- ___ 5. If your payment is returned for insufficient funds (NSF), your payment along with an NSF service fee of \$30 will be collected electronically. **Any change to your billing information must be received at least seven days prior to the date the change is to take effect.** A \$10 late fee will be assessed on payments not made by the deadline.
- ___ 6. If full payment arrangement is not received, I understand that my child will be considered unregistered for primetime and will not be able to attend until the arrangement is received.

Payment Information:

Parent's Name: _____ DOB: _____
Child's Name: _____ DOB: _____
Child's Name: _____ DOB: _____

___ I will make advanced payment in full at the YMCA Front Desk at the time of registration
___ I will be paying with electronic funds transfer. Information below is required with a voided check:

Bank Name: _____ Bank City/State _____

Type of Account: ___ Checking ___ Savings

Print your name as it appears on the account: _____

Bank Routing Number: _____ Account Number: _____

___ I will be paying with a Credit Card: ___ Visa ___ MasterCard ___ Discover ___ American Express

Card Number: _____ Expiration Date: _____ 3-Digit Code: _____

Print name as is appears on card: _____ Zip Code: _____

___ I receive third party payments, i.e. DCF/SRS, KVC, (Must have DCF/SRS/KVC approval letter prior to attend) I understand that I am responsible for all copayment. Fees and payments will not be determined by time sheets.

We have read the Accounting Policies and agree to comply with all payments and policies.

_____	_____	_____
Responsible Party for Bill	Signature	Date
_____	_____	_____
Email	Phone #	
_____	_____	_____
Print Name of Authorized Signature	Authorized Signature	Date