



YMCA OF DANE COUNTY, INC.

2012 SUMMER CAMP AGREEMENT OF TERMS

Child's Name _____ Birthdate (mm/dd/yyyy) _____
First Middle Initial Last (Must be at least 5 yrs old on or before start date)

Address _____ City _____ State _____ Zip _____

PAYMENT OF FEES

- I understand fees must be paid according to the payment schedule listed below. If fees are not paid in full by payment due date, a \$50 late fee will be assessed, and my child may not attend camp until all fees owed are paid in full.
- A non-refundable registration fee of \$50.00 per family must accompany my child's completed registration packet.
- A \$20 deposit for each 1 week session must be paid at registration and is applied to my child's weekly fee.
- A fine will be assessed if my child arrives before opening time or is picked up after closing time.
- I understand that the deposit and registration fee is **non-refundable and non-transferable**.
- I understand that fees will not be pro-rated for partial attendance or absences.
- I understand I am responsible for all fees relating to enrollment.
- A \$20 fee will be charged for changing days within a week. Deposits are collected with adding a week or forfeited with dropping a week.
- To be eligible for a credit, less the deposit, I understand a two week written notice must be given when reducing the number of days enrolled or terminating my child's enrollment.
- A \$15 charge is assessed for each non-sufficient funds (NSF) check or bank draft attempt.
- 2012 Summer Camp Agreement of Terms is not applicable for Preschool Summer Fun. Fees need to be paid upon registration.

Parent/Guardian Signature

Parent/Guardian Signature

PAYMENT SCHEDULE THIS IS YOUR REMINDER OF PAYMENT DUE DATES. NO ADDITIONAL BILL WILL BE SENT.

CHECK WEEKS REGISTERED											
<input type="checkbox"/> week 1 June 11-15	<input type="checkbox"/> week 2 June 18-22	<input type="checkbox"/> week 3 June 25-29	<input type="checkbox"/> week 4 July 2,3,5 & 6	<input type="checkbox"/> week 5 July 9-13	<input type="checkbox"/> week 6 July 16-20	<input type="checkbox"/> week 7 July 23-27	<input type="checkbox"/> week 8 July 30-Aug. 3	<input type="checkbox"/> week 9 Aug. 6-10	<input type="checkbox"/> week 10 Aug. 13-17	<input type="checkbox"/> week 11 Aug. 20-24	<input type="checkbox"/> week 12 Aug. 27-31
PAYMENT DUE											
May 29	June 4	June 11	June 18	June 25	July 2	July 9	July 16	July 23	July 30	August 6	August 13

PARENTAL CONSENT

- If emergency medical care is deemed necessary and listed emergency contacts cannot be contacted, I authorize the YMCA staff to act on my behalf in granting permission for my child to receive emergency treatment.
- I give my permission for my child to participate in all planned activities and field trips.
- I give my permission for my child to be transported to and from any scheduled program activity for which transportation is provided.
- I give my permission to have my child in any media coverage approved by the YMCA and any YMCA promotional materials.
- I understand the YMCA reserves the right to terminate enrollment if my child's participation in the program requires more than reasonable accommodations, whether due to special needs or behavior.
- I authorize YMCA staff to discuss issues regarding my child's success in the program with school personnel.
- For Teen Extreme Camp: I authorize my child to be in a group of at least 2 other youth on field trip days.
 I want my youth to be in a supervised counselor group on small field trip days.

I have read this agreement and understand it and I agree to adhere to the stated policies.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

SCHOLARSHIP/ OUTSIDE FUNDING SOURCE/ EMPLOYEE DISCOUNT

★ W2/County Funding City of Madison Other Contact Person / Case Worker _____ Phone _____

YMCA Scholarship Employee Discount

I am responsible for any amount not paid by my funding source, scholarship or employee discount. Written verification from the funding source must be on file prior to confirmation of my child's enrollment. **Parents/guardians are responsible for any co-payment.** _____ Initials _____ Initials

**ADMIN
USE ONLY**

Dates of Funding _____ to _____ Funding Amount Provided \$ _____

Family CoPay \$ _____ Y Scholarship _____ %