



SUMMER CAMP PAYMENT PLAN AGREEMENT 2024

One form per household

PARENT/GUARDIAN NAME: _____

TOTAL AMOUNT DUE: \$ _____ **PAYMENT IN FULL BY FRI JUNE 14, 2024**

CONTACT PHONE #'s: 1) _____ 2) _____

EMAIL (Req'd): _____

CAMPER'S NAME(S): _____

CAMP'S NAME(S): _____

→ READ YOUR AGREEMENT:

- Submit this completed form with a fully completed camp application including copy of immunization record with doctor's signature or stamp,
- Payment Plan Administrative Fee: \$25.00 (per family) to be paid at time of registration.
- Suggested minimum initial payment is HALF YOUR TOTAL CAMP FEE (+ ADMIN FEE).
- Fees are payable by check, cash, or major credit card (VISA, MasterCard, American Express or Discover)
- **PAYMENT PLAN DEADLINE:** must be paid in full by **Friday, June 14, 2024**
After Friday, June 14, 2024, all incomplete Payment Plans will be responsible for an additional fee of **\$50/per camper.**
- Payments after Friday, June 14, 2024, must be made by cash, credit card or money order. Personal checks will not be accepted after this date.
- You are responsible for full payment of fees for your child(ren); policy prohibits office staff from involvement in domestic or personal issues regarding collection of fees from another party.
- No refunds on cancellations after Friday June 14, 2024, credit only. No refunds once camp begins.
- All camp refunds are subject to a \$50.00 processing fee.
- **Credit card payments accepted in-person only.**

Payment #1

DATE: _____ AMOUNT \$ _____ + \$25.00 = _____ Balance due:\$ _____

Payment #2

DATE: _____ AMOUNT: \$ _____ Balance due:\$ _____

Payment #3

DATE: _____ AMOUNT: \$ _____ Balance due:\$ _____

→ I have read the information above and understand the options provided for me to pay for summer camp. I take full responsibility for the completion of this payment agreement and will make payments accordingly without notice or reminder. I understand that if not paid in full by June 14, 2024, I will also be responsible for any fee increase or additional camp fees.

Parent/Guardian Signature (Required)

Date