



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2023 CAMP PAYMENT POLICY AGREEMENT CANCELLATION | CHANGE | REFUND

Please select one of the camp payment options below. Registration cannot be confirmed until the entire completed registration packet is returned and payment arrangements are confirmed.

When selecting the automatic bank draft method:

- A \$50 non-refundable Summer Camp deposit - per week, per camper - must be paid at the time of registration.
- A \$20 non-refundable Before & After Care deposit - per week, per camper - must be paid at the time of registration.
- The scheduling of camp payments along with Before and After Care payments, will be accepted through May 31st. As of June 1st, all camp programs including Before & After Care, must be paid in full at the time of registration.
- Refunds will be given, minus all non-refundable deposits, if the parent/guardian cancels 30 days or more prior to the camp week start date. If a 30 day or more notice is not provided, no refund or credit will be issued. We are dedicated to working with all families and are committed to ensuring children enjoy their summer camp experience.
- We are unable to issue refunds due to COVID. If your child must miss a full week of camp due to COVID, a doctor's note must be provided to receive a Y system credit (less the non-refundable deposits).

PLEASE SELECT CAMP PAYMENT OPTION:

- PAY IN FULL:** I wish to pay my balance due in full. Total Balance Due: \$_____.
- FINANCIAL ASSISTANCE:** I have applied for financial assistance (the completed application is enclosed with this registration form). When selecting this option, billing information must be completed below. Once you receive your Award Letter, you will need to register your child into your choice of Summer Camp. Please note, registration must be complete by May 31, 2023 for payments to be drafted.
- STATE OR INDEPENDENT AGENCY:** State Agency or Independent Agency is assisting with my child's camp fees.
Please provide your Subsidy Award Letter or proof of assistance. Name of Agency:_____
- AUTOMATIC PAYMENTS:** I authorize automatic payments as listed below. I understand I am responsible for payment and will be charged an additional \$30 NSF charge if any payment is returned or fails to authorize. These fees are due prior to your child attending camp. **Should payment be past due without resolution, we have the right to restrict the child from further attendance.**

Credit Card Payment: Visa MasterCard

Name on Credit Card: _____ Card Number: _____

CVC Number: _____ Exp Date: _____ / _____ Billing Address: _____

Signature: _____

Bank Payment: Checking Savings Name on Account: _____

Routing Number: _____ Account Number: _____

CHANGE POLICY:

Fees are based on enrollment, not attendance. If you change your scheduled week(s) of camp, you will be charged a non-refundable fee of \$50/week.

I understand the Camp Payment Policy Agreement and accept its terms. I understand that fees are based on enrollment and not attendance.

Signature: _____ Print Name: _____ Date: _____

The Penobscot Bay YMCA offers financial assistance to anyone in need. For more information, visit www.penbayymca.org.