BILLING POLICIES

1. There is a non-refundable, non-transferable deposit of $25 per week per child; this fee is applied to the total balance due for each session.
2. NO DEPOSIT REQUIRED when you sign up for Automatic Withdrawal (EFT), however the credit card will be charged $25 for each session if cancelled.
3. Changes and cancellations MUST be submitted in writing 2 weeks prior to the session start date and sent directly to the Camp/Business Office.
4. Once registered, any change of registration and/or membership level may result in a $25/week penalty fee.
5. Families receive a weekly statement unless fees are secured through E.F.T.
6. Summer Camp balance is due 2 weeks prior to the start of each session.
7. If balance is not paid in full 2 weeks prior to the session, the Y reserves the right to cancel the session or not accept a new registration.
8. If a camp enrollment is cancelled due to non-payment, the $25 deposit fee for that session is forfeited.
9. If an account has been in collection with the YMCA (including an outstanding balance in another Y program), it must be paid in full upon registration. Money order, cash, or credit card only.
10. Parents/Guardians will be responsible for any balance due regardless of absences.
11. If an enrollment is terminated due to behavioral issues, the Y reserves the right to retain camp fees for the current session.
12. No refund will be made after the first day of any session.
13. Should a draft not be honored for any reason, the YMCA will automatically resubmit that draft for payment within 90 days and the family will incur a $25 service charge for each occurrence.

I have read, fully understand, and agree to the above YMCA Summer Camp Billing Policies.

Parent/Guardian signature: ___________________________ Date: ______________

A completed enrollment packet, physical (within the last 2 years) and immunization records MUST be submitted prior to your child’s start date. You can find these documents on our website at www.ymcaboston.org/camps or at your local YMCA Welcome Center.

Parent/Guardian Initials: ______

EMERGENCY INFORMATION: In a medical emergency I understand that every effort will be made to contact me, the camper’s parent or guardian. If I cannot be reached, I hereby give my permission to the attending physician to administer emergency care to my child pending my arrival at the medical facility.

Parent/Guardian signature: ___________________________ Date: ______________

www.ymcaboston.org/camps

All camps must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local Board of Health

YMCA Staff ONLY:
Date: ________ Time: ________ Initial: ________ Spirit Member ID: ____________ Deposit Amount: $ ______________
Check Deposit Method: ___Check (Check #: ________) ___Automatic Withdrawal ________ONLY able to pay in cash, please call
2020 Dorchester YMCA Summer Day Camp Registration

Contact Information
Camper’s Name: ____________________________
Gender: _______ DOB: __________________ Age as of 1st day of Camp: ____________
Address: __________________________________ City: __________ Zip Code: ________
Parent/Guardian’s Name: ____________________ DOB: __________
Email Address: __________________ Home Phone #: __________________
Cell Phone: __________________ Bus Phone #: __________________

Summer Explorers
8:00 AM - 6:00 PM
Ages 5 – 13
5 days only

☐ $215 Family
☐ $237 Youth
☐ $258 Community

☐ S1 June 29 - July 3*
☐ S2 July 6 - July 10
☐ S3 July 13 - July 17
☐ S4 July 20 - July 24
☐ S5 July 27 - July 31
☐ S6 August 3 - August 7
☐ S7 August 10 - August 14
☐ S8 August 17 - August 21
☐ S9 August 24 - August 28
☐ S10 August 31 - September 4

* No camp on July 3rd

Payment Options
Please check if your child has an active voucher or EEC contract slot:

VOUCHER ___ EEC CONTRACT SLOT ___

Please circle your camper’s membership level: FAMILY YOUTH/KIDS PASS COMMUNITY MEMBER
For more information regarding membership, please contact your local YMCA branch.

Automatic Withdrawal from Bank Account*
Please Check: _____ MasterCard _____ Visa _____ American Express _____ Discover Card

Bank Issuer: ____________________________
Name on Card: __________________________
Card Number: __________ __________ __________ __________
EX. Date: __________ __________

Charge Full Balance: ____ OR Charge 2 Weeks Prior to Session: ____
Signature: ____________________________ Date: __________________________

*When balance is due we will charge the card on file for the remaining balance.

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