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 East Boston 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 #: ____________________

Ashley Street
7:30 AM - 6:00 PM
Ages 4 – 13
5 days only

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

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