



# Chambersburg Memorial YMCA 2021 Summer Camp Registration

| Camper Information |       |                  |         |               |           |
|--------------------|-------|------------------|---------|---------------|-----------|
| First Name:        | M.I.: | Last Name:       |         |               |           |
| D.O.B.:            | Age:  | Grade Completed: | Gender: | Phone Number: |           |
| Street:            |       |                  | City:   | State:        | Zip Code: |

| Enrolling Parent/Guardian Information |  |             |       |                         |           |
|---------------------------------------|--|-------------|-------|-------------------------|-----------|
| First Name:                           |  | Last Name:  |       | Relationship to Camper: |           |
| Home Phone:                           |  | Cell Phone: |       | Work Phone:             |           |
| Street:                               |  |             | City: | State:                  | Zip Code: |
| Email address:                        |  |             |       | Employer:               |           |
| Employer Address Street:              |  |             | City: | State:                  | Zip Code: |

| Authorized to pick-up |      |      |
|-----------------------|------|------|
| Name:                 | Name | Name |
| Name:                 | Name |      |

| Camp   |   |
|--|---|
| <input type="checkbox"/> Summer Camp 1 Age 5-8 | <input type="checkbox"/> Summer Camp 2 Age 9-13 |

| Weeks Registered                           |  |   | # of weeks registered |
|--|--|---|-----------------------|
| <input type="checkbox"/> Week 1 June 1-4   | <input type="checkbox"/> Week 5 June 28-July 2 | <input type="checkbox"/> Week 9 July 26-30    |                       |
| <input type="checkbox"/> Week 2 June 7-11  | <input type="checkbox"/> Week 6 July 5-9       | <input type="checkbox"/> Week 10 August 2-6   |                       |
| <input type="checkbox"/> Week 3 June 14-18 | <input type="checkbox"/> Week 7 July 12-16     | <input type="checkbox"/> Week 11 August 9-13  |                       |
| <input type="checkbox"/> Week 4 June 21-25 | <input type="checkbox"/> Week 8 July 19-23     | <input type="checkbox"/> Week 12 August 16-20 |                       |

Anticipated Arrival Time: \_\_\_\_\_ Anticipated Pick-Up Time: \_\_\_\_\_

| Payment Information  |  |   |
|--|--|---|
| Registration fee: <span style="float: right;">\$25.00</span>   | <b>Payment Type:</b>   | * Early Bird: Register for 8 wks or more & receive \$10 off each wk (must be pd. in full by 4/30/21)<br><br>* Receive a second child discount of \$10 for wks both campers are attending<br><br>* To cancel/change wks a two week written notice must be submitted to the director<br><br>* No refund or credit for missed days |
| Weekly Rate:<br><b>Member \$116</b><br><b>Non-member \$136</b> | <input type="checkbox"/> Automatic Credit Card                   |   |
| Discounts: _____   | <input type="checkbox"/> Automatic Bank Draft                    |   |
|  | <input type="checkbox"/> ELRC Co-Pay: _____<br>Caseworker: _____ |   |

| Shirt Size                           |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Youth Small | <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Youth Large |
| <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult Large |

I received a Summer Camp Program Guideline Manual  
(Summer Camp consist of supervised play including all services listed in the handbook)

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (6 month review) \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature \_\_\_\_\_

Session code: 21CMP

# Chambersburg YMCA Bank/Credit Card Draft Agreement Form

Please check all that apply: BASFC Camp Membership Preschool Swim ARK ( weekly or  monthly)

Member ID # \_\_\_\_\_

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Credit Card:  Visa  MasterCard  Discover

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3-Digit \_\_\_\_\_

Name on Card: \_\_\_\_\_ Zip Code \_\_\_\_\_

Bank Draft: Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_

**Please attach a copy of a Voided Check or Credit Card to verify numbers, expiration date and 3-digit #**

**MEMBERSHIP:** The Chambersburg YMCA Bank Draft/Credit Card is a continuous membership payment plan. I have the right to cancel this agreement by submitting a "CANCELLATION NOTICE" 14 days prior to my next due date and returning all membership cards and locker keys.

I hereby authorize the Chambersburg YMCA to initiate debit entries in the amount of \$\_\_\_\_\_ to my Bank/Credit Card Draft account indicated above to fulfill my membership dues obligation.

Member's Initials

\_\_\_\_\_

In granting this authority, I understand that dues may change and the monthly amount deducted from my account can change without the necessary of my signing a new authorization. I understand that I will be sent a notice of such changes

I understand if any draft is denied by the bank/credit card company, I am responsible to make to payment, in order to maintain a current membership.

**CHILD CARE:** I hereby authorize, the Chambersburg YMCA to initiate debit entries to my account indicated above to fulfill my Swim, Before & After School Fun Club (BASFC), Camp, ARK and/or Preschool fees.

In granting this authority, I understand that the monthly bank/credit card draft amount will not change unless there is a change to my Child Care contract. Any changes in my Child Care contract will not necessitate the need to sign a new credit card draft authorization agreement. I will provide the Chambersburg YMCA with at least two (2) weeks written notice of any change in the status of my account that might affect the monthly transaction.

I understand if any draft is rejected by *CardConex* for any reason, I will be required to pay the Chambersburg YMCA the monthly amount plus a \$30.00 service charge before any child/children will be permitted to continue participation in the BASFC, Camp, ARK, Preschool and/or Swim program. I also understand that this event will in no way nullify this agreement.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Member/Parent copy received by Member/Parent: Member/Parent Initial: \_\_\_\_\_ Staff Initial: \_\_\_\_\_

## YMCA Business Office Use Only

Membership type: \_\_\_\_\_ Group code: \_\_\_\_\_ Program/Site \_\_\_\_\_

BD Amount: \_\_\_\_\_ (Start date \_\_\_\_\_) Header Completed: \_\_\_\_\_

Date of Draft: (**Membership**,  1<sup>st</sup>  15<sup>th</sup>); (**BASFC/Camp**,  weekly); (**Swim**,  20<sup>th</sup>); (**ARK**,  weekly  25<sup>th</sup>); (**Preschool**,  25<sup>th</sup>)

Type Code:  Prime  Military  Boro  County  Letterkenny  Volvo  Financial Aid  Special/Misc. \_\_\_\_\_