



**FOR YOUTH DEVELOPMENT®**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

# SCOTTSDALE/PARADISE VALLEY YMCA 2018 EARLY LEARNING CAMP REGISTRATION

CHILD'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ (Required for registration)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME # \_\_\_\_\_ WORK# \_\_\_\_\_ CELL # \_\_\_\_\_

PARENT'S EMAIL ADDRESS: \_\_\_\_\_

**FEES PER WEEK:      \$200 (Members)      \$245 (Non-Members)**

**Please check the weeks you want reserved in each session and your payment preference.**

If choosing to draft, a \$25.00 deposit is due per week, per child. Deposits are non-refundable and non-transferable.

You must fill out the Automatic Transfer System (ATS) Agreement and submit with the registration form.

Example: Camp fee is \$200 - \$25 deposit = \$175 your weekly amount due. Draft amount is the remaining amount due.

WEEK (✓)		PAYMENT OPTIONS			
		WEEKLY COST	PRE-PAID <small>Minimum \$25 Deposit</small>	DRAFT	DRAFT DATES
1	<input type="checkbox"/> May28*-June 01	\$ _____	\$ _____	\$ _____	MAY 18
2	<input type="checkbox"/> June 04-June 08	\$ _____	\$ _____	\$ _____	MAY 25
3	<input type="checkbox"/> June 11-June 15	\$ _____	\$ _____	\$ _____	JUNE 01
4	<input type="checkbox"/> June 18-June 22	\$ _____	\$ _____	\$ _____	JUNE 08
5	<input type="checkbox"/> June 25-June 29	\$ _____	\$ _____	\$ _____	JUNE 15
6	<input type="checkbox"/> July 02-July 06*	\$ _____	\$ _____	\$ _____	JUNE 22
7	<input type="checkbox"/> July 09-July 13	\$ _____	\$ _____	\$ _____	JUNE 29
8	<input type="checkbox"/> July 16-July 20	\$ _____	\$ _____	\$ _____	JULY 06
9	<input type="checkbox"/> July 23-July 27	\$ _____	\$ _____	\$ _____	JULY 13
10	<input type="checkbox"/> July 30- Aug 03	\$ _____	\$ _____	\$ _____	JULY 20

\*Closed Monday, May 28 and Wednesday, July 04

**FEES DUE AT TIME OF REGISTRATION ALONG WITH ATS BANK DRAFT FORM**

\$	Total of Prepaid Weeks	<b>FOR OFFICE USE:</b>	
\$	Total of all \$25 deposits for each week (\$25 x number of ✓'s)	Desk Initials: _____	Date Received:    /    /
\$	<i>Late fee (if applicable)</i>	Receipt # _____	Date Entered:    /    /
\$	<b>TOTAL DUE TODAY</b>	Registration Packet Reviewed:    /    /	
		Camp Lead Initials: _____	

**PLEASE COMPLETE PAYMENT AND DRAFT INFORMATION ON THE BACK PAGE  
 ALL REQUIRED REGISTRATION DOCUMENTS MUST BE COMPLETED & SUBMITTED PRIOR TO FIRST DAY OF CARE**

Financial Assistance is available upon request. Please complete a Financial Assistance Form and provide proof of income.

**DES SUBSIDIES ARE ACCEPTED; PARENTS MAY BE RESPONSIBLE FOR AN ADDITIONAL CO-PAY BASED ON RATES**

**PAYMENT AND PROGRAM AGREEMENT:**

- All payments are on the bank draft system attached to your debit or credit card account. Payments will be withdrawn weekly on the noted draft dates. Deposits are non-refundable and non-transferable. You are reserving a space for your child. This form contains the weeks you have reserved, your fees, and your payment due dates. There is no credit given for absent days. Your deposit and reserved space will be forfeited if the payment does not clear your account. If your payment is returned NSF for any reason, the items will be re-presented electronically and you will be charged a \$25 processing fee.
- Any registrations received after the draft date (10 days prior to start of each week of camp) will need to be **PAID IN FULL WITH AN ADDITIONAL \$10 LATE FEE** at the YMCA Welcome Center.
- I have read, understand, and agree to adhere to the YMCA program Statement of Services, payment policies, and give the YMCA permission to use photographs of my child, in a group setting, for YMCA promotional materials.
- We request children are dropped off and picked up at the Y. If alternative transportation is arranged, please notify the program staff.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**VALLEY OF THE SUN YMCA**  
Automatic Transfer System (ATS) AGREEMENT

I understand that the information below will be used to transfer payment from my account on the agreed upon schedule.

CHILD'S FULL NAME (Please Print)	
ADDRESS	
CITY, STATE, ZIP & ZIP	
PHONE NUMBERS	(HOME)
	(WORK)
	(CELL)
MEMBER #	
DRAFT DAY/BEGIN DATE	
DRAFT DESCRIPTION	Program code:
ACCOUNT TYPE: (circle one)	Checking    Savings    MC    VISA    AmEx    Discover
ACCOUNT NUMBER:	EXP DATE:
CARD HOLDER'S NAME:	

1. I understand that this transfer will occur weekly on Fridays up to ten days in advance of the start of camp for checking/savings and credit card drafts.
2. I understand that should I choose to terminate or change Bank Accounts, Banks, Account Types, or Child Care Plan in any way, I must provide the YMCA with *two-week* written notice prior to my transfer date.
3. I understand that the YMCA may, upon a two-week written notice, adjust child care rates, which would result in a change in my weekly transfer rate.
4. I understand that if my payment is returned as NSF for any reason, the item(s) will be re-presented electronically and I understand I will be charged a processing fee. I am also responsible for all other recovery costs.

\_\_\_\_\_  
Authorized Bank Holder's Signature

\_\_\_\_\_  
Date