West Suburban YMCA

SERVING NEWTON, WESTON, WELLESLEY, WATERTOWN AND BELMONT

276 Church Street - Newton, Massachusetts 02458

For Office Use Only:
Amt paid _____ ck# _____
Date Received: _____
Date paid _____
CCC Auth _____
Staff Initials: _____

PAYMENT PLAN APPLICATION

Please be sure to fill out both sides, READ, and sign where appropriate.
Please be sure to keep a copy of all forms that you submit for your own records.

First Child's Name: _____Birth Date: _____/_____/_____ Camp attending: _____

Second Child's Name: _____Birth Date: _____/_____/_____ Camp attending: _____

Third Child's Name: _____Birth Date: _____/_____/_____ Camp attending: _____

Fourth Child's Name: _____Birth Date: _____/_____/_____ Camp attending: _____

Home Phone: _____Street Address: _____

City: _____ State:_____ Zip_____

Parent / Guardian Name: _____

Family Email Address: Please list only one email address for confirmations and important email updates.

PAYMENT PLAN AGREEMENT:

I _____ would like to apply for the opportunity to set up a summer camp payment plan with the West Suburban YMCA. I would like to sign up for

_____ Plan A _____ Plan B

as described on page 2.

I understand that in order to participate in this opportunity, I need to provide a valid credit card number, even if I will be mailing in my payments in the form of a check. If for any reason, I do not send in a payment according to this agreement, the West Suburban YMCA is authorized to charge the remaining balance due to my credit card. I understand that all payments must be made in full on or before June 1st in order to hold my child (ren)'s spot. I will not be eligible for this opportunity if I have any other outstanding balances due with the West Suburban YMCA.

I have read the refund policy listed on the camp registration form and understand that it is applicable to me, along with this payment plan.

_____ _____

Signature **Date**

Payment Plan A:

I wish to make one payment a month, due on the first of each month, to pay for my child (ren)'s summer camp(s) at the West Suburban YMCA. I understand that all payments must be paid in full by June 1st in order to hold my child's spot.

Total cost of summer camps = _____ divided into ___ payments:

Payment # 1: $_____ to be paid (month)_____ ____
Payment # 2: $_____ to be paid (month)_____ ____
Payment # 3: $_____ to be paid (month)_____ ____
Payment # 4: $_____ to be paid (month)_____ ____
Payment # 5: $_____ to be paid (month)_____ ____
Payment # 6: $_____ to be paid (month)_____ ____
Payment # 7: $_____ to be paid (month)_____ ____
Payment # 8: $_____ to be paid (month)_____ ____

_____I will be sending in a check for each of the above payments on or before the first of the months listed above.
_____I authorize the West Suburban YMCA to charge my credit card number that I provided, the amounts listed above on the dates listed above.

I understand that if I am late or miss a payment, the West Suburban YMCA is authorized to charge the remaining balance due, in full, to the card number I have provided. I understand the YMCA will process the charge within 5 days of the date listed. I understand that full payment is due on or before June 1st in order for my child to be able to attend the summer programs registered for.

_____ _____
Signature **Date**

Payment Plan B:

I wish to make two payments a month, due on the first and fifteenth of each month, to pay for my child (ren)'s summer camp(s) at the West Suburban YMCA. I understand that all payments must be paid in full by May 15, 2008 in order to hold my child's spot.

Total cost of summer camps = _____ divided into _____ payments:

Payment # ____: $_____	Due November 1	_____
Payment # ____: $_____	Due November 15	_____
Payment # ____: $_____	Due December 1	_____
Payment # ____: $_____	Due December 15	_____
Payment # ____: $_____	Due January 1	_____
Payment # ____: $_____	Due January 15	_____
Payment # ____: $_____	Due February 1	_____
Payment # ____: $_____	Due February 15	_____
Payment # ____: $_____	Due March 1	_____
Payment # ____: $_____	Due March 15	_____
Payment # ____: $_____	Due April 1	_____
Payment # ____: $_____	Due April 15	_____
Payment # ____: $_____	Due May 1	_____
Payment # ____: $_____	Due May 15	_____

_____I will be sending in a check for each of the above payments on or before the dates listed above
_____I authorize the West Suburban YMCA to charge my credit card the amounts listed above on the dates listed above.

I understand that if I am late or miss a payment, the West Suburban YMCA is authorized to charge the remaining balance due, in full, to the card number I have provided. I understand the YMCA will process the charge within 5 days of the date listed. I understand that full payment is due on or before June 1st in order for my child to be able to attend the summer programs registered for.

_____ _____
Signature **Date**

Plan Credit Card Authorization Slip

Child's name: _____ Program / Camp Name: _____

The West Suburban YMCA has my authorization to charge the remaining balance due if I miss or am late with a payment at any time.

Card type (circle one): Visa MasterCard American Express Expires: _____/_____

Card number: | | | | | | | | | | | | | | | | |

Name (as shown on card): _____

Your signature (as shown on card): _____