

## Deposits / Payment of Balance

Attached is \$25.00 per child/per session non-refundable deposit. I understand the balance is due 1 week prior to the first day of each session. This non-refundable deposit is to guarantee my child's registration in camp. Deposits are applied to the total cost of the camp.

My child is attending \_\_\_\_\_sessions of camp at \$25.00 non-refundable deposit per session which equals \$\_\_\_\_\_.

\_\_\_\_I would like \$2.00 of my program fee to be contributed to the Partner With Youth Financial Assistance Program.

## Late Fees

A \$10.00 late fee (per week, per family) will be assessed if the outstanding balance is not paid in full by the balance due date. If you register later than one week before the camp start date, you must pay a \$10.00 late registration fee per child/per session.

## Camp Payment Policies

**Please initial each payment policy. These policies apply to all summer camps.**

\_\_\_\_\_ I have enclosed \$25 per child, per session Non-Refundable and Non-Transferable deposit. No exceptions made.

\_\_\_\_\_ I understand the balance for each session is due 7 days prior to the start of each session my child is enrolled.

\_\_\_\_\_ I understand that \$10 late fee will be automatically assessed for payment received after the due date.

\_\_\_\_\_ I understand that refunds must be requested at least 7 days prior to the start of camp. Absolutely no refunds after August 31, 2009.

## Parent/Guardian Authorization

As the parent/guardian of the camper, I authorize \_\_\_\_\_ (camper's name) to attend and participate in all prescribed YMCA activities. I give permission to the Camp Director and any other designated Camp Staff to administer first aid and in the event of an emergency, to secure a physician for any medical or surgical treatment needed for my child. I understand that a conscientious effort will be made to locate me or my spouse before action is taken. I understand and accept that this expense will be my responsibility. I understand that it is my responsibility to carry primary accident insurance. I give my permission for my child to participate in supervised hikes and transportation to and from camp site. I give my permission that any photos or videos taken of my child may be used for promotional purposes only.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

## Financial Aid

APPLE SCHOLARSHIP - The YMCA's Assistance Policy and Plan is available for programs and membership. The plan uses a sliding fee scale, based on household income to number of dependents. The same scale is used for all applicants. Contact Lisa Brasher or Odette Talbert for further information.

## Registration

ALL REGISTRATION IS AT THE ROBERT D. FOWLER YMCA

OPEN REGISTRATION STARTS ON SATURDAY, FEBRUARY 7. ALL CAMP REGISTRATION WILL CLOSE THE WEDNESDAY PRIOR TO THE START OF CAMP OR IF CAMP IS FULL. NO EXCEPTIONS.

**Robert D. Fowler Family YMCA**  
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**770.246.9622**  
**fpv.ymcaatlanta.org**  
**FOR MORE INFORMATION PLEASE CONTACT LISA BRASHER.**  
**Email: lisab@ymcaatlanta.org**