

CAMPBELL COUNTY

START DATE: _____ (Office Use Only)

SHIRT SIZE: _____

ALTAVISTA AREA YMCA FAMILY CENTER
CONTRACT FOR SCHOOL AGE FOR SUMMER CAMP 2018

MUST FILL OUT ONE CONTRACT PER CHILD

Date Contract Signed: _____

Parent/Person Responsible For Payment _____

Child's Full Name: (first & last) _____

**(PLEASE CIRCLE SITE
CHILD WILL ATTEND)**

Altavista YMCA	Tomahawk Elem.	Rustburg Elem.
Leesville Rd. Elem.	Yellow Branch Elem.	Concord Elem.

Registration fee for each child***\$50.00
REGISTRATION FEE INCLUDES CAMP T-SHIRT**

ALL INFORMATION MUST BE FILLED OUT COMPLETELY

**CAMP FEE: \$95.00 FOR 1ST CHILD ENROLLED PER WEEK
\$86.00 FOR EACH ADDITIONAL CHILD ENROLLED PER WEEK**

ALL SCHOOL ACCOUNTS HAVE TO HAVE A ZERO BALANCE BEFORE STARTING THE SUMMER CAMP PROGRAM

PLEASE CIRCLE EACH WEEK THAT THE CHILD WILL ATTEND:

(Your account will be charged for each week circled whether the child attends or not, unless canceled per our cancellation policy stated on the reverse side of this contract.)

JUNE 4-8

JUNE 18-22

JULY 9-13

JULY 30-AUG 3
(Last week for Co. Sites)

JUNE 11-15

JUNE 25-29

JULY 16-20

JULY 2-6
Closed July 4th

JULY 23-27

AUG 6-10
(Altavista Site Only Open)

YOU MUST PAY ON EACH FRIDAY PRIOR TO STARTING ON MONDAY OR YOUR CHILD WILL NOT BE ALLOWED TO START ON THE FOLLOWING MONDAY. THE ACCOUNT HAS TO BE PAID EVERY WEEK IN ADVANCE, NO EXCEPTIONS.

PAYMENT

A NON-REFUNDABLE registration fee of \$50.00 is required along with the first week payment. Space will not be reserved until paid. The undersigned party agrees to pay the Altavista Area YMCA \$_____ per week for every week in which the child is enrolled in camp. **NO BILLS WILL BE SENT.** Absence from part of the week shall not affect the responsibility for full payment. **This agreement requires full payment on each Friday prior to starting on the following Monday OR YOUR CHILD CANNOT START ON MONDAY, unless canceled in writing as stated below.** **Payments may also be made on a monthly basis and are due the 5th of each month, in advance.**

Payments can be made online. You must first call the family center at 434-369-9622 ext. 20 to set up your online account. The family center can also set up automatic pay per request. Payment by check, credit card, money order or cash can be made to the FRONT DESK of the Family Center located at 1000 Franklin Ave., Altavista, Va. or you can mail check or money order to the Altavista YMCA, P.O. Box 149, Altavista, VA 24517. **STAFF CANNOT ACCEPT PAYMENTS AT ANY OF THE SITES.** Returned checks are subject to a service fee of \$25.00. If two checks are returned on the same account, the account must become a "cash only or money order" account.

We are aware that you may not know your schedule at this time, but PLEASE CIRCLE all weeks you anticipate needing. If you need to change a week, do so BY WEDNESDAY at 12:00 pm prior to the week you want to delete and you will not be charged for that week. If you do not let us know to cancel a week by the deadline and your child does not attend, you will be responsible for that week.

ENROLLMENT/TERMINATION

NO SPACE FOR YOUR CHILD WILL BE RESERVED UNTIL THE REGISTRATION FEE IS PAID ALONG WITH THE FIRST WEEK PAYMENT.

The YMCA reserves the right to terminate immediately a child's enrollment in camp for any act, word or condition of the child or parent causing disruptions, safety concerns or health concerns for the child, other children or employees of the YMCA. You are subject to dismissal if your account is not kept current, after missing 1 WEEK PAYMENT.

*******THE CHILD'S ENROLLMENT CAN BE CANCELED BY THE UNDERSIGNED RESPONSIBLE PARTY BY GIVING A WRITTEN NOTICE BY 12:00 NOON ON WEDNESDAY PRIOR TO THE WEEK OF CAMP. NOTIFICATION CAN BE GIVEN TO THE YMCA BUSINESS OFFICE, P.O. BOX 149, ALTAVISTA, VA 24517, TO THE FRONT DESK OF THE FAMILY CENTER, TO THE SITE DIRECTOR AT EACH CAMP SITE, OR BY EMAILING PAT PUCKETTE AT ppuckette@altavistaymca.com. NO PHONE CALLS ACCEPTED.**

RESPONSIBILITIES

The parties agree that the Altavista Area YMCA shall not be responsible for medical expenses, incurred by or for the child, not covered by insurance.

If this account becomes delinquent, the undersigned responsible party shall be responsible for all service charges, expenses, court cost, attorney's fees or collection agency fees incurred to collect this debt.

I/WE hereby agree to the terms of this contract. **POST OFFICE BOXES ARE NOT ACCEPTABLE ON THIS CONTRACT. ALL INFORMATION HAS TO BE COMPLETED. THE HOME & WORK ADDRESS MUST BE COMPLETELY FILLED OUT WITH THEIR PHYSICAL 911 ADDRESS.**

Mother's Signature: _____ S.S. # _____
Mother's Printed Name _____
Mother's Physical Home Address: _____ Zip Code _____
Mother's Place of Employment and 911 Employment address: _____
_____ Zip Code _____
Phone Numbers: Home _____ Work # _____ Cell # _____ Email
address _____

Father's Signature: _____ S.S. # _____
Father's Printed Name _____
Father's Physical Home Address: _____ Zip Code _____
Father's Place of Employment and 911 Employment address: _____
_____ Zip Code _____
Phone Numbers: Home _____ Work # _____ Cell # _____ Email
address _____

ALL THE ABOVE BLANKS MUST BE FILLED OUT COMPLETELY OR THE CONTRACT WILL BE RETURNED AND NO SLOT WILL BE HELD UNTIL RECEIVED BACK. DO NOT SIGN CONTRACT FOR SPOUSE.