

City of Round Rock Parks and Recreation Department

Summer Day Camp - Monthly Payment Plan and Commitment

Registrant Name: _____

D.O.B. _____ Age: _____ M/F: _____

Name of Parent/Guardian: _____

Parent/Guardian D.O.B.: _____

Address: _____ City: _____

Zip Code: _____ Email: _____

Home Phone: _____ Work Phone: _____

Your child will be registered for all summer camp weeks that you wish for them to attend. The total amount owed will appear as a financial balance in our computer system linked to your family's account. This balance will be reduced as you make payments according to the following payment schedule. If utilizing the monthly payment plan, your total amount due will be broken up into 3 payments: 30% due at time of registration, 35% due on May 1st and 35% due on June 1st. A \$25 late fee will be assessed for payments not received by the 15th of the month. **Failure to make payments on time may result in removal of your child from the program.**

Week	Adaptive	CIT – Kinn.	CIT - OSA	Duo Quest	Kapers	Rockin' R
May 30 – June 1	NO CAMP	NO CAMP	NO CAMP	NO CAMP	NO CAMP	<input type="checkbox"/> \$82
June 4-8	<input type="checkbox"/> \$160	<input type="checkbox"/> \$95	<input type="checkbox"/> \$95	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130
June 11-15	<input type="checkbox"/> \$160	<input type="checkbox"/> \$95	<input type="checkbox"/> \$95	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130
June 18-22	<input type="checkbox"/> \$160	<input type="checkbox"/> \$95	<input type="checkbox"/> \$95	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130
June 25-29	<input type="checkbox"/> \$160	<input type="checkbox"/> \$95	<input type="checkbox"/> \$95	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130
July 2-6	<input type="checkbox"/> \$130	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$130	<input type="checkbox"/> \$105	<input type="checkbox"/> \$105
July 9-13	<input type="checkbox"/> \$160	<input type="checkbox"/> \$95	<input type="checkbox"/> \$95	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130
July 16-20	<input type="checkbox"/> \$160	<input type="checkbox"/> \$95	<input type="checkbox"/> \$95	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130
July 23-27	<input type="checkbox"/> \$160	<input type="checkbox"/> \$95	<input type="checkbox"/> \$95	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130
July 30 – August 3	<input type="checkbox"/> \$160	<input type="checkbox"/> \$95	<input type="checkbox"/> \$95	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130
August 6-10	<input type="checkbox"/> \$160	<input type="checkbox"/> \$95	<input type="checkbox"/> \$95	NO CAMP	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130
August 13-15	NO CAMP	NO CAMP	NO CAMP	NO CAMP	NO CAMP	<input type="checkbox"/> \$82

AGREEMENT STATEMENT

_____ I agree to make monthly payments according to the above payment schedule. Failure to meet payment deadline may result in my child being withdrawn from summer camp.

AUTHORIZATION FOR RECURRING CREDIT CARD TRANSACTIONS FOR SUMMER CAMP PAYMENTS (OPTIONAL)

_____ I hereby authorize THE CITY OF ROUND ROCK, TEXAS to initiate credit entries to my Credit Card account indicated below. This authority is to remain in full force and effect until the final payment on June 1st, 2018, or until THE CITY OF ROUND ROCK, TEXAS has received written notification to terminate authorization (48 advanced notice required). I understand and agree that my Credit Card account will be charged according to the payment schedule above.

CIRCLE ONE: MasterCard – Visa Last 4 Digits of Authorized Card Number: _____

Exp. Date: _____ Account Holder Name: _____

Signature: _____ Date: _____

Signature

Date