

City of Round Rock Parks and Recreation Department
Summer Day Camp Registration Form

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: _____

Week of	Adaptive	Duo Quest	Kapers	Rockin' R	Travel/Water Adventure Camp
May 26-29	NO CAMP	NO CAMP	<input type="checkbox"/> \$105	NO CAMP	NO CAMP
June 1-5	<input type="checkbox"/> \$160	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$160
June 8-12	<input type="checkbox"/> \$160	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$160
June 15-19	<input type="checkbox"/> \$160	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$160
June 22-26	<input type="checkbox"/> \$160	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$160
June 29-July 2 (No 7/3)	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$105	<input type="checkbox"/> \$105	<input type="checkbox"/> \$160
July 6-10	<input type="checkbox"/> \$160	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$160
July 13-17	<input type="checkbox"/> \$160	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$160
July 20-24	<input type="checkbox"/> \$160	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$160
July 27-31	<input type="checkbox"/> \$160	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$160
August 3-7	<input type="checkbox"/> \$160	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$160
August 10-14	NO CAMP	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$160
August 17-19	NO CAMP	NO CAMP	NO CAMP	<input type="checkbox"/> \$80	NO CAMP

I waive liability of personal harm arising out of my participation in PARD programs and accept responsibility for it.

 Signature

 Date

PAYMENT PLAN REGISTRATION CONTINUED ON BACK

For Office Use Only:	
<input type="checkbox"/> Pay In Full	Date: _____
<input type="checkbox"/> Payment Plan	Initials: _____

City of Round Rock Parks and Recreation Department

Summer Day Camp - Monthly Payment Plan and Commitment

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.**

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, 2020, 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