

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 Adventure Camp
June 1-4	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$105	<input type="checkbox"/> \$105	<input type="checkbox"/> \$120
June 7-11	<input type="checkbox"/> \$160	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$160
June 14-18	<input type="checkbox"/> \$160	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$160
June 21-25	<input type="checkbox"/> \$160	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$160
June 28-July 2	<input type="checkbox"/> \$160	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$160
July 5-9	<input type="checkbox"/> \$130	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$160
July 12-16	<input type="checkbox"/> \$160	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$160
July 19-23	<input type="checkbox"/> \$160	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$160
July 26-30	<input type="checkbox"/> \$160	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$160
August 2-6	<input type="checkbox"/> \$160	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$160
August 9-13	<input type="checkbox"/> \$160	<input type="checkbox"/> \$160	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$160
August 16-17	NO CAMP	NO CAMP	NO CAMP	<input type="checkbox"/> \$50	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 1<sup>st</sup> and 35% due on June 1<sup>st</sup>. A \$25 late fee will be assessed for payments not received by the 15<sup>th</sup> 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