

2017 Summer Camp Payment Worksheet

Third Party Funding

Parent(s) Name(s) _____

JCC Membership Account # _____

THIS FORM IS TO BE **SIGNED** BY **ALL** FUNDING SOURCES OR MUST BE ACCOMPANIED BY DOCUMENTATION

VERIFYING A FUNDING COMMITMENT.

[Examples could be **yourself**, School Systems, Agencies, philanthropic organization(s).]

THIS FORM MUST BE RETURNED IN ORDER TO REGISTER

Fees from Registration Forms	Child #1 _____	Child #2 _____	Child #3 _____	TOTAL
Subtotal Regular Camp Tuition	\$ _____	\$ _____	\$ _____	\$ _____
Subtotal Pre and Post Camp Fees	\$ _____	\$ _____	\$ _____	\$ _____
Subtotal All Camp Fees	\$ _____	\$ _____	\$ _____	\$ _____
Summer Membership Fee per Family	\$375.00			
Balance Due	\$ _____	\$ _____	\$ _____	\$ _____

Payment information from Third Party

Case Worker _____ Contact Number _____

Title _____

Email _____

Address _____

Total \$ _____

Payment method (remaining amount that is not covered by Third Party)

DEPOSIT(S) Due at time of registration

Enclosed is a \$100 NON-REFUNDABLE deposit, required per child, which will be applied to your child's camp fees.

Total # of Children Registered _____ X \$100 = \$ _____

Cash _____ Check # _____ Visa/MC/Amex/Discover# _____ Exp. Date _____

V-Code _____

Total Fees Calculated Above \$ _____ Divide by 3 months = payment \$ _____

3-month payment plan processed April, May & June

Process Date 30th of each month

Visa/MC/Amex/Disc Acct# _____

EFT

Exp. Date _____ V Code _____

Bank Name _____

Billing Name _____

Bank Route # _____

Billing Address _____

Bank Acct# _____

I have read the JCC Membership & Program Terms & Agreements, authorize the JCC to process all charges agreed to on the 2017 Summer Camp Enrollment Form, and accept full responsibility in the case of non-payment of the amount specified, the undersigned agrees to pay all costs of collection.

Parent/Guardian Signature _____ Date _____