

2017 Summer Camp Payment Worksheet

(One copy of this form MUST be completed per family)

Parent(s) Name(s) _____ JCC Membership Account # _____

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 = \$ _____ Received by _____

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

CC Billing Name & Address _____ V-Code _____

Fees from Registration Forms	Child #1 _____	Child #2 _____	Child #3 _____	TOTAL
Subtotal Regular Camp Tuition	\$ _____	\$ _____	\$ _____	\$ _____
Subtotal K through 8 th Specialty Fees	\$ _____	\$ _____	\$ _____	\$ _____
Subtotal Add On Fees	\$ _____	\$ _____	\$ _____	\$ _____
Subtotal Pre and Post Camp Fees	\$ _____	\$ _____	\$ _____	\$ _____
Subtotal All Camp Fees	\$ _____	\$ _____	\$ _____	\$ _____
Less Required Deposit(s) \$100 per Child paid above	(\$ _____)	(\$ _____)	(\$ _____)	(\$ _____)
** \$25 Sibling Discounts	(\$ _____)	(\$ _____)	(\$ _____)	(\$ _____)
Balance Due	\$ _____	\$ _____	\$ _____	\$ _____

Would you be interested in supporting our Staff Appreciation Program? If yes, please indicate the amount in the box below and thank you. (This is a onetime charge and not included in your installment.)

\$10.00
 \$25.00
 \$50.00
 other \$ _____

Payment in Full (choose one)

Cash (enclosed) \$ _____

Check # _____ (enclosed) \$ _____

Visa/MC/Amex/Disc \$ _____
(to be charged 6/8/17)

Acct # _____

Exp. Date _____ V Code _____

Billing Name _____

Billing Address _____

EFT (to be charged 6/8/17) \$ _____

Bank Name _____

Bank Route # _____

Bank Acct # _____

Installment Payments

(3 monthly payments processed April, May and June 2017) *

*Available for registrations received during the January Early Registration period
*Registrations received after January will require a 3-month payment plan processed April, May & June

Process Date 30th of each month

Total Fees Calculated Above \$ _____

Divide by 3 months = payment \$ _____

Visa/MC/Amex/Disc Acct# _____

Exp. Date _____ V Code _____

Billing Name _____

Billing Address _____

EFT Bank Name _____

Bank Route # _____

Bank Acct # _____

APPLYING FOR FINANCIAL ASSISTANCE

NO

YES

If YES, you must still choose one of the options above. **Deadline April 3, 2017.**

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 for 100% payment of all camp fees.

Parent/Guardian Signature _____ Date _____