



SUMMER Payment Plan Agreement 2019

To ensure your spot(s) all summer long a payment plan is available for summer Youth Development Day Camps. Payee agrees to the following noted fees charged to credit card listed below. Four payment cycles will be scheduled to facilitate payments during the summer. **Please note payment dates.**

Name on Credit Card _____ Address _____ City _____ State _____ Zip _____

Home Phone _____ Work/Day Phone _____ Email _____

Child #1 _____ D.O.B. _____ / Child #2 _____ D.O.B. _____ / Child #3 _____ D.O.B. _____

Payment Due 5/15/19

Session A (CHOOSE ONE)

Session A (CHOOSE ONE)	Time	Code	R/NR Fee	# of children		
Banting Explorers 6/11-6/14	7:30 am - 6:00 pm	3500.201	\$108/\$138	X	=	
Lowell Explorers 6/11-6/14	7:30 am - 6:00 pm	3500.210	\$108/\$138	X	=	
Summit View Explorers 6/11-6/14	7:30 am - 6:00 pm	3500.231	\$108/\$138	X	=	

Session B (CHOOSE ONE)

Banting Explorers 6/17-6/28	7:30 am - 6:00 pm	3500.202	\$270/\$290	X	=	
Lowell Explorers 6/17-6/28	7:30 am - 6:00 pm	3500.211	\$270/\$290	X	=	
Summit View Morning (Non-Summer School participant) 6/17-7/19	7:30 am - Noon	3500.236	\$295/\$315	X	=	
Banting Wrap-Around Early (Summer School) 6/17-7/19	7:30 am - 8:15 am	3500.233	\$75/\$95	X	=	
Hadfield Wrap-Around Early (Summer School) 6/17-7/19	7:30 am - 8:15 am	3500.232	\$75/\$95	X	=	
Heyer Wrap-Around Early (Summer School) 6/17-7/19	7:30 am - 8:15 am	3500.234	\$75/\$95	X	=	
Summit View Wrap-Around Early (Summer School) 6/17-7/19	7:30 am - 8:15 am	3500.235	\$75/\$95	X	=	

TOTAL Due 5/15: \$

Payment Due 6/15/19

Session B/C (CHOOSE ONE)

Session B/C (CHOOSE ONE)	Time	Code	R/NR Fee	# of children		
Banting Explorers 7/1-7/19	7:30 am - 6:00 pm	3500.203	\$351/\$371	X	=	
Lowell Explorers 7/1-7/19	7:30 am - 6:00 pm	3500.212	\$351/\$371	X	=	
Banting Wrap-Around Afternoon (Summer School) 6/17-7/19	Noon - 6:00 pm	3500.238	\$355/\$375	X	=	
Hadfield Wrap-Around Afternoon (Summer School) 6/17-7/19	Noon - 6:00 pm	3500.237	\$355/\$375	X	=	
Heyer Wrap-Around Afternoon (Summer School) 6/17-7/19	Noon - 6:00 pm	3500.239	\$355/\$375	X	=	
Summit View Wrap-Around Afternoon (Summer School) 6/17-7/19	Noon - 6:00 pm	3500.240	\$355/\$375	X	=	

TOTAL Due 6/15: \$

Payment Due 7/15/19

Session D (CHOOSE ONE)	Time	Code	R/NR Fee	# of children		
Banting Explorers 7/22-8/2	7:30 am - 6:00 pm	3500.204	\$270/\$290	X		=
Lowell Explorers 7/22-8/2	7:30 am - 6:00 pm	3500.213	\$270/\$290	X		=
Summit View Explorers 7/22-8/2	7:30 am - 6:00 pm	3500.241	\$270/\$290	X		=

Session E (CHOOSE ONE)

Banting Explorers 8/5-8/16	7:30 am - 6:00 pm	3500.205	\$270/\$290	X		=
Lowell Explorers 8/5-8/16	7:30 am - 6:00 pm	3500.214	\$270/\$290	X		=
Summit View Explorers 8/5-8/16	7:30 am - 6:00 pm	3500.242	\$270/\$290	X		=

TOTAL Due 7/15: \$ _____

Payment Due 8/15/19

Session F (CHOOSE ONE)	Time	Code	R/NR Fee	# of children		
Banting Explorers 8/19-8/23	7:30 am - 6:00 pm	3500.206	\$135/\$155	X		=
Lowell Explorers 8/19-8/23	7:30 am - 6:00 pm	3500.215	\$135/\$155	X		=

Session G (CHOOSE ONE)

Banting Explorers 8/26-8/28	7:30 am - 6:00 pm	3500.207	\$81/\$101	X		=
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TOTAL Due 8/15: \$ _____

Payment Information (please print):

Circle One: Visa MasterCard

Name on Credit Card: _____

Credit Card Number: _____ Expiration Date: _____ CSC Code: _____

Authorized Cardholder Signature: _____ Date: _____

Authorization to participate and for Emergency Medical Treatment: I, as participant or parent/legal guardian of the above named child(ren), hereby give permission for his/her/my participation in the above listed activity(ies). I further advice without my prior approval, the rendering of any emergency medical treatment that may be necessary due to his/her/my participation in the activity(ies).

Parent/Guardian Signature: _____ Date: _____