



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Summer Exploration Academy/Day Camp Payment Form

Please print clearly.

Child's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Branch Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

**Please note:** A one-time (non-refundable) \$40 registration fee applies per child. A non-refundable \$5 deposit is required for all weeks your child will be attending. All final payments are due on or before the Wednesday prior to the week of camp or a late fee will be assessed.

**Payment Options:** (Choose 1, 2 or 3)

**1. Bank Draft: Routing number** \_\_\_\_\_ **Last four numbers of Account to Draft:** \_\_\_\_\_  
**Date of First Draft:** \_\_\_\_\_ **First Draft Amount: \$** \_\_\_\_\_  
**(A voided check or copy of a check MUST be attached)**

**2. Credit Card Draft:** Please check which card you wish to use for your payment.

VISA       MASTERCARD       DISCOVER       AMERICAN EXPRESS

**Name** (as it appears on card): \_\_\_\_\_

**Billing Address for Card:** \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

**Last four numbers of Credit Card:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Date of First Draft:** \_\_\_\_\_ **First Draft Amount: \$** \_\_\_\_\_

**Draft Authorization Statement:** By signing below, I authorize the YMCA of Northwest North Carolina to draft the cost of my child care payment in the amount and on or about the day(s) indicated above. I understand that the bank draft will begin as stated on this authorization. If I wish to cancel the automatic bank draft or make changes to the draft account, I will complete a cancellation form or change form that is provided by the YMCA of Northwest North Carolina in the membership office. I understand that cancellations and/or account changes require a **15-day advance notice**. Any returned drafts will be collected along with applicable processing fees as funds are available in my account, which may not coincide with the above elected draft date. **I also understand that I will need to stop any membership draft independently of the child care draft if I so desire.** Please verify your draft once it has begun. If you have questions, please call your local YMCA Branch.

**Account Holder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**3. Walk-in/Online Payment** (must be made on the Wednesday prior to the week of camp the child will be attending. Online payments can be made at [www.ymcanwnc.org/register](http://www.ymcanwnc.org/register)).

By signing below, I understand that weekly payments are due on the Wednesday prior to the week of camp my child will be attending. I further understand that if I do not make my payment on or before the due date I will be charged a \$10 late fee. I understand that cancellations and/or account changes require a **15-day advance notice**. Any returned payments will be collected along with applicable processing fees. **I also understand that I will need to stop any membership draft independently of the child care draft if I so desire.**

**Date of First payment:** \_\_\_\_\_ **First payment amount: \$** \_\_\_\_\_

**Account Holder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## YMCA OF NORTHWEST NORTH CAROLINA

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