

BEST SUMMER EVER



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2017 SUMMER DAY CAMP
Registration Packet

YMCA OF GREATER WILLIAMSON COUNTY



Skip the line,
REGISTER ONLINE
ymcagwc.org

WEEKLY FEES & LOCATION INFO

2017 SUMMER DAY CAMP DATES

Day Camp is offered at many locations across Williamson County in one-week sessions and runs 7am–6:30pm weekdays.

MAY 30–AUG. 25, 2017

- Program Hours 9am–4:15pm
- Extended Care 7–9am, 4:15–6:30pm (no additional cost)

Activities during Extended Care are typically large group format and may vary from the program activity rotations. All Camp activities are weather permitting for your camper's safety!

PAYMENT AND FINANCIAL ASSISTANCE

DEPOSITS

Weekly Deposit: \$15 per child

Deposits are applied to the weekly fees for your selected camp location.

REFUNDS / TRANSFER

All paid deposits and add-on swim lessons are non-refundable and non-transferable. Once the camp session begins, the fees are non-refundable.

CAMP SWIM LESSONS

Available at YMCA Camp Twin Lakes & YMCA Camp Round Rock. This is a revised lesson to fit the camp schedule and must be paid in full at time of registration. At Camp Twin Lakes, participants must be checked in by 7:30am at Main Check-in.

FINANCIAL ASSISTANCE

We believe that every child and family should have the opportunity to participate in Y programming, so those not able to pay the full fee may be eligible for financial assistance. Just visit your Y branch's member services desk or contact us for more details about applying for financial assistance.

CAMP REGISTRATION

Complete registration packets are available at the below Y branch locations and online at ymcagwc.org.

Day Camp Registration begins online and at all locations on:

Feb. 4, 2017 for Y Family Members

Feb. 18, 2017 for Non-Members

You may register for all camps at any of our Y locations:

CHASCO FAMILY YMCA & Y LICENSED CHILD CARE

1812 N. Mays St, Round Rock, TX 78664 | 512-615-5563

HUTTO FAMILY YMCA

200 Alliance Blvd, Hutto, TX 78634 | 512-846-2360

TWIN LAKES FAMILY YMCA

204 E. Little Elm Trail, Cedar Park, TX 78613 | 512-250-9622

YMCA OF THE HIGHLAND LAKES AT GALLOWAY-HAMMOND

1601 S. Water St, Burnet, TX 78611 | 512-756-6180

GEORGETOWN

3010 Williams Dr. Suite 210, Georgetown, TX 78628 | 512-615-5563

*All locations are subject to change. Additionally, both Camp Trailhead & Camp Summit (Leander ISD) sites will relocate to the Twin Lakes Family YMCA in Cedar Park during the final two weeks of summer camp (Aug. 14–25).

Camp Legacy (Hutto also allows Kinder-age campers (4–5 years).

Each add-on requires a \$15 deposit at registration, while swim lessons & lunch plan must be paid in full at time of registration and are nonrefundable.

OUTDOOR ADVENTURE CAMP

LOCATIONS

- YMCA Camp Twin Lakes
- YMCA Camp Round Rock

AGES

Entering K–9th grade*

(must be 5yrs old at time of camp)

WEEKLY FEE (per child)

YMCA Camp Twin Lakes

| | |
|------------------|-------|
| Y Family Members | \$188 |
| Non-Members | \$220 |

YMCA Camp Round Rock

| | |
|------------------|-------|
| Y Family Members | \$170 |
| Non-Members | \$190 |

CAMP HOURS

9am–4:15pm weekdays

Extended Care Hours

(no additional cost)

Morning 7–9am

Afternoon 4:15–6:30pm

WEEKLY ADD-ONS

+ Pricing on the next page

KINDER CAMP

LOCATIONS

- Chasco Family YMCA
- Licensed Child Care
- Twin Lakes Family YMCA

AGES

4–5 years

CAMP HOURS

Chasco & LCC

7am–6:30pm weekdays

Twin Lakes

8am–1:30pm weekdays

WEEKLY FEE (per child)

Chasco & LCC

| | |
|------------------|-------|
| Y Family Members | \$165 |
| Non-Members | \$185 |

Twin Lakes Family YMCA

| | |
|------------------|-------|
| Y Family Members | \$110 |
| Non-Members | \$160 |

WEEKLY ADD-ONS (per child)

Chasco & LCC only

| | |
|----------------|------|
| + Swim Lessons | \$35 |
|----------------|------|

SPECIALTY CAMP

LOCATIONS

- Chasco Family YMCA
- Hutto Family YMCA
- Twin Lakes Family YMCA

AGES

Entering K–8th grade

CAMP HOURS

8am–1:30pm weekdays

WEEKLY FEE (per child)

All

(except Chef & Babysitting)

| | |
|------------------|-------|
| Y Family Members | \$110 |
| Non-Members | \$160 |

Chef Camp

(Chasco & Hutto)

| | |
|------------------|-------|
| Y Family Members | \$140 |
| Non-Members | \$190 |

Babysitting Camp

(Chasco & Hutto)

| | |
|------------------|-------|
| Y Family Members | \$150 |
| Non-Members | \$175 |

EXCURSION CAMP

LOCATIONS

YMCA of the Highland Lakes Leander ISD

- Camp Trailhead @ Cox
- Camp Summit @ Pleasant Hill

Round Rock ISD

- Camp Apollo @ Caldwell
- Camp Chisholm @ Forest Creek
- Camp Echo @ Fern Bluff

Georgetown ISD

- Camp Red Hawk @ Mitchell
- Camp Two Rivers @ Ford

Hutto ISD

- Camp Legacy @ Veteran's Hill

AGES

Entering K–6th grade

CAMP HOURS

7am–6:30pm weekdays

WEEKLY FEE (per child)

School Sites

| | |
|------------------|-------|
| Y Family Members | \$157 |
| Non-Members | \$167 |

YMCA of the Highland Lakes

| | |
|------------------|-------|
| Y Family Members | \$95 |
| Non-Members | \$110 |

WEEKLY ADD-ONS (per child)

+ Pricing on the next page



Campers First name

Middle initial

Last name

Grade in 2017-2018 school year

Date

REGISTRATION PACKET PG. 1 of 4

| EXCURSION CAMPS | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|--------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|
| YMCA of the Highland Lakes | | | | | | | | | | | | | |
| + Swim Lessons (\$35/NR) | | | | | | | | | | | | | |
| LISD @ Twin Lakes Family YMCA | | | | | | | | | | | | | |
| ■ Camp Trailhead LISD | | | | | | | | | | | | | |
| □ Camp Summit LISD | | | | | | | | | | | | | |
| △ Camp Apollo RRISD | | | | | | | | | | | | | |
| ◀ Camp Chisholm RRISD | | | | | | | | | | | | | |
| ◁ Camp Echo RRISD | | | | | | | | | | | | | |
| * Camp Legacy HISD | | | | | | | | | | | | | |
| ○ Camp Red Hawk GISD | | | | | | | | | | | | | |
| ⊙ Camp Two Rivers GISD | | | | | | | | | | | | | |
| + Crazy Science (\$35) 2-6 gr | | □ | △ | | | | | □ | ◀ | | | | |
| + Outdoor Living Skills(\$35) 3-6gr | | | | | | | | ◁ | ■ | ■ | □ | | △ |
| + Robotics (\$55) 3-6 gr | | | △ | | ■ | | | ◁ | □ | ○ | * | ⊙ | ◀ |
| + Top Chef (\$55) 3-6 gr | | * | ■ | | | | | ⊙ | | ◁ | | | ◁ |
| + CSI (\$35) 3-6 gr | | | ⊙ | | ◁ | | | * | △ | | △ | ○ | |
| OUTDOOR ADVENTURE CAMPS | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| YMCA Camp Twin Lakes | | | | | | | | | | | | | |
| Super Camp 5-9 gr | | | | | | | | | | | | | |
| + Lunch Plan (\$35/NR) all | | | | | | | | | | | | | |
| + Swim Lessons (\$35/NR) all | | | | | | | | | | | | | |
| + Paintball 1 (\$55) 3-4 gr | | | | | | | | | | | | | |
| + Paintball 2 (\$55) 5-9 gr | | | | | | | | | | | | | |
| + Tango Tower (\$55) 3-9 gr | | | | | | | | | | | | | |
| + Project TOADS (\$55) 5-9 gr | | | | | | | | | | | | | |
| + Robotics (\$55) 3-9 gr | | | | | | | | | | | | | |
| + Wood Craft 1 (\$55) 3-9 gr | | | | | | | | | | | | | |
| + Wood Craft 2 (\$65) 5-9 gr | | | | | | | | | | | | | |
| + Top Chef (\$55) 4-9 gr | | | | | | | | | | | | | |
| + Video Production (\$35) 4-9 gr | | | | | | | | | | | | | |
| + Jewelry (\$55) 3-9 gr | | | | | | | | | | | | | |
| + Crazy Science (\$35) 3-9 gr | | | | | | | | | | | | | |
| + Gymnastics 1 (\$35) 6-8 yrs | | | | | | | | | | | | | |
| + Gymnastics 2 (\$35) 9-11 yrs | | | | | | | | | | | | | |
| + CSI (\$35) 3-9 gr | | | | | | | | | | | | | |
| + Sew Fun! (\$55) 3-9 gr | | | | | | | | | | | | | |
| + Sew Much More Fun! (\$65) 5-9gr | | | | | | | | | | | | | |
| + Outdoor Living Skills (\$35) 3-9gr | | | | | | | | | | | | | |
| + ACF Bible Camp (free) 1-6 gr | | | | | | | | | | | | | |
| + Pokemon Safari (\$35) 1-4 gr | | | | | | | | | | | | | |
| YMCA Camp Round Rock | | | | | | | | | | | | | |
| + Swimming (\$35/NR) 5/6+ yrs | | | | | | | | | | | | | |
| + Paintball (\$55) 3-6v gr | | | | | | | | | | | | | |
| + CSI (\$55) 3-6 gr | | | | | | | | | | | | | |
| + Tango Tower Time***(\$55) 2-6gr | | | | | | | | | | | | | |
| + Robotics (\$55) 3-6 gr | | | | | | | | | | | | | |
| + Crazy Science (\$35) 2-6 gr | | | | | | | | | | | | | |
| + Outdoor Living Skills(\$35) 3-6gr | | | | | | | | | | | | | |
| + Top Chef (\$55) 3-9gr | | | | | | | | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |

| SPECIALTY CAMPS | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|-------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|
| Chasco Family YMCA | | | | | | | | | | | | | |
| Babysitting 8-15 yrs | | | | | | | | | | | | | |
| Baseball 5-12 yrs | | | | | | | | | | | | | |
| Basketball 5-12 yrs | | | | | | | | | | | | | |
| Cheer 5-12 yrs | | | | | | | | | | | | | |
| Chef 5-8 yrs | | | | | | | | | | | | | |
| Chef 9-13 yrs | | | | | | | | | | | | | |
| Flag Football 7-12 yrs | | | | | | | | | | | | | |
| Gymnastics 5-12 yrs | | | | | | | | | | | | | |
| Legos 7-12 yrs | | | | | | | | | | | | | |
| Soccer 5-12 yrs | | | | | | | | | | | | | |
| Super Star 5-8 yrs | | | | | | | | | | | | | |
| Roller Hockey 6-10 yrs | | | | | | | | | | | | | |
| Dance 6-10 yrs | | | | | | | | | | | | | |
| Volleyball 9-14 yrs | | | | | | | | | | | | | |
| Hutto Family YMCA | | | | | | | | | | | | | |
| Babysitting 8-15 yrs | | | | | | | | | | | | | |
| Basketball 5-12 yrs | | | | | | | | | | | | | |
| Chef 5-13 yrs | | | | | | | | | | | | | |
| Dance N Tumble 5-12 yrs | | | | | | | | | | | | | |
| Legos 7-12 yrs | | | | | | | | | | | | | |
| Multi-Sport 5-9 yrs | | | | | | | | | | | | | |
| Volleyball 9-14 yrs | | | | | | | | | | | | | |
| Twin Lakes Family YMCA | | | | | | | | | | | | | |
| Baseball 5-12 yrs | | | | | | | | | | | | | |
| Basketball 5-12 yrs | | | | | | | | | | | | | |
| Cheer 5-12 yrs | | | | | | | | | | | | | |
| Dance 5-12 yrs | | | | | | | | | | | | | |
| Flag Football 7-12 yrs | | | | | | | | | | | | | |
| Gymnastics 5-12 yrs | | | | | | | | | | | | | |
| Soccer 5-12 yrs | | | | | | | | | | | | | |
| Volleyball 9-14 yrs | | | | | | | | | | | | | |
| KINDER CAMPS | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Chasco Family YMCA | | | | | | | | | | | | | |
| + Swim Lessons (\$35/NR) | | | | | | | | | | | | | |
| Licensed Child Care | | | | | | | | | | | | | |
| + Swim Lessons (\$35/NR) | | | | | | | | | | | | | |
| Twin Lakes Family YMCA | | | | | | | | | | | | | |

** Application required
*** Tango Tower included in registration. This add-on includes specialized curriculum and additional time on the tower.

NR Non-Refundable
+ Add-on has an additional fee
HISD Hutto Independent School District
GISD Georgetown Independent School District
RRISD Round Rock Independent School District
LISD Leander Independent School District
gr Grade

Not Available
 Half Day

| DAY CAMP WEEKS | | |
|------------------------|------------------------|---------------------|
| 0 May 30-June 2 | 5 July 3-7 | 10 Aug 7-11 |
| 1 June 5-9 | 6 July 10-14 | 11 Aug 14-18 |
| 2 June 12-16 | 7 July 17-21 | 12 Aug 21-25 |
| 3 June 19-23 | 8 July 24-28 | |
| 4 June 26-30 | 9 July 31-Aug 4 | |

REGISTRATION PACKET CHECKLIST

- Completed matrix pg.1
- Signed discipline & guidance policy pg. 3
- Completed health history form pg. 2
- Signed camp waiver pg. 3
- Payment info pg. 4

- ITEMS NOT IN THIS FORM**
- Immunization records
 - Payment for Deposits
 - Voided check (if needed)

The camper's custodial parent or guardian must complete the following information. The intent of this information is to provide the camper's health background to Y staff so they may provide the appropriate health care treatment. Any changes to this form should be provided to camp health personnel upon participant's arrival at camp. The information on this form is not a part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. **Returning campers need a new health form each year.**

| | | | | | | |
|------------------|-------------------------------------------------------------------|---------------|-----------------|----------------|-------|----------|
| CAMPER | Camper's First name | | Middle initial | Last name | | |
| | Gender <input type="checkbox"/> boy <input type="checkbox"/> girl | Date of birth | Grade 2017-2018 | Current School | | |
| Camper's address | | | | City | State | ZIP code |

| | | | | | | |
|------------------------|----------------------------|--|-----------|-------|------------|--|
| PARENT/GUARDIAN | Parent/guardian name | | Email | | | |
| | Home phone | | Day phone | | Cell phone | |
| | Other parent/guardian name | | | Email | | |
| | Home phone | | Day phone | | Cell phone | |

| | | |
|------------------------------------------------------------------------------------------------------------------------|-------|-----------------|
| Local person to call in case of emergency if parent/guardian cannot be reached (authorized to release child to) | | |
| Name | Phone | Alternate phone |

| | | |
|---------------------------------------------------------------------------------------------------------------|-------|-----------------|
| In addition; I hereby authorize the Y staff to allow my child to be released to the following persons: | | |
| Name | Phone | Alternate phone |
| Name | Phone | Alternate phone |
| Name | Phone | Alternate phone |

| | | | | | | |
|-----------------------|-----------------|--|-------|-------|-------|----------|
| EMERGENCY INFO | Physicians name | | Phone | | | |
| | Address | | | | State | ZIP code |
| | Hospital name | | | Phone | | |
| | Address | | | | State | ZIP code |

Please list ALL medications, including non-prescription, taken routinely. The Y prefers that all medications be administered at home before and after the camp day. However, if medications are required, please send enough to last the entire session. Please keep all medications in the original packaging that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

The camp participant takes medication on a routine basis. yes no

| | |
|---------------|---------------|
| Medication #1 | Medication #2 |
|---------------|---------------|

| | | | | | | | | |
|-----------------------------------------------------------------|-------------------------|-------|-------|-------|-------|-------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| If shot records attached, no need to fill out vaccine table. >> | VACCINE | Mo/Yr | Mo/Yr | Mo/Yr | Mo/Yr | Mo/Yr | Mo/Yr | ALLERGY INFO List any allergies below. Also provide reaction and management of this reaction: Medication allergies: _____ Food allergies: _____ Other allergies: _____ |
| | DTP | | | | | | | |
| | TD | | | | | | | |
| | Tetanus | | | | | | | |
| | Polio | | | | | | | |
| | MMR | | | | | | | |
| | or measles | | | | | | | |
| | or mumps | | | | | | | |
| | or rubella | | | | | | | |
| | Haemophilus Influenza B | | | | | | | |
| Hepatitis B | | | | | | | | |
| Varicella (Chicken Pox) | | | | | | | | |

Please list any special problems or limitations your child may have which the staff should be aware of and note required treatment:

PARENT / GUARDIAN AUTHORIZATION This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the Y to provide routine health care, administer prescribed medications and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the camp to arrange necessary related transportation for me / my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

| | | |
|--------------------------------|--------------|------|
| Signature of parent / guardian | Printed name | Date |
|--------------------------------|--------------|------|

| | | |
|--------------------------------|----------------|-----------|
| Camper's First name | Middle initial | Last name |
| Grade in 2017-2018 school year | | Date |

CHALLENGE ADVENTURE PROGRAM PARTICIPATION AGREEMENT

(located at YMCA Camp Twin Lakes in Cedar Park & YMCA Camp Round Rock - some other camps may have the opportunity to participate)

INSTRUCTIONS Please read this form carefully. Each participant and/or their parent must sign this agreement before the program begins. Without all appropriate signatures, the individual may not be permitted to participate in the program.

I understand that my participation in programs offered by the Challenge Adventure Program at the YMCA of Greater Williamson County / Round Rock ISD is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential and engaging teaching techniques, but that my participation is purely voluntary. At all times I will choose my level of participation in any activity.

I understand the employees of the YMCA of Greater Williamson County / RRISD have received extensive training, and will work to protect the emotional and physical safety of myself and/ or my child. I understand that climbing, high ropes course, ground initiatives and other activities in the Challenge Adventure Program for which I and/or my child have enrolled, entail certain risks. I elect to participate in spite of these risks.

Therefore, for myself / my child, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release the YMCA of Greater Williamson County / RRISD and its members, trustees, officers, employees, independent contractors and agents from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.

I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of this and all future programs I participate in.

I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN CHALLENGE ADVENTURE PROGRAMMING.

Signature of parent / guardian

PARENT / GUARDIAN ACKNOWLEDGEMENTS

please INITIAL all lines to indicate received written policies / materials and agree to terms.

- ADA Policy (REQUIRED):** Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.
- Permission for Transportation (REQUIRED):** I grant permission for the Y staff to transport my child to and from his / her Elementary School or other Y camp site for field trips and other planned events. I understand that all reasonable precautions will be taken to ensure the safety and health of my child.
- Waiver for Medical Treatment (REQUIRED):** In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the Y staff to make arrangements to transport my child to the physician, hospital or clinic that I have designated or the nearest hospital / emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.
- Waiver for Participation (REQUIRED):** I understand that Y activities have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all Y programs and facilities, including transportation to and from said activities. I further release, absolve, indemnify and agree to hold harmless, the Y, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of Y facilities or participation in any Y activity, whether located on Y property or not.
- Policy Agreement (REQUIRED)** I acknowledge that I have received a copy of the Y Family Guide (should my selected camp provide one). I also accept responsibility to read and adhere to the billing procedures and all policies as set forth in the Family Guide or by my selected camp.
- WRITTEN NOTICE 2 WEEKS PRIOR** to the start of any program is required to receive a refund of monies (minus deposit) or not be held responsible for payment in full. Drop forms are available at the front desk.
- Waiver for Photo/Video Release (OPTIONAL):** I give my consent for any photos or videos taken of my child involved in Y programs to be used for Y promotions, trainings or displays.

Signature of parent / guardian

DISCIPLINE & GUIDANCE POLICY

Discipline must be:

1. Individualized and consistent for each child
2. Appropriate to the child's level of understanding
3. Directed toward teaching the child acceptable behavior and self-control

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control and self-direction, which include at least the following:

1. Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior
2. Reminding a child of behavior expectations daily by using clear, positive statements
3. Redirecting behavior using positive statements
4. Using a brief cooling off period when appropriate; which is limited to the child's decision to rejoin the group

There must be no harsh, cruel or unusual treatment of any child. The following types of discipline and guidance are prohibited:

1. Corporal punishment or threats of corporal punishment
2. Punishment associated with food, quiet time or bathroom use
3. Pinching, shaking or biting a child
4. Hitting a child with a hand or instrument
5. Putting anything in or on a child's mouth
6. Humiliating, ridiculing, rejecting or yelling at a child
7. Subjecting a child to harsh, abusive or profane language
8. Placing a child in a locked or dark room, bathroom or closet with the door closed
9. Requiring a child to remain silent or inactive for inappropriate periods of time

Parent / Guardian Acknowledgement

My signature verifies that I have read and received a copy of this discipline and guidance policy.

| | | |
|--------------------------------|--------------|------|
| Signature of parent / guardian | Printed name | Date |
|--------------------------------|--------------|------|



FIND IT ALL.



YMCA OF GREATER WILLIAMSON COUNTY

Join the YMCA of Greater Williamson County and not only gain access to four full-facility branches for you and your family—but also SAVE up to \$300 per child on camp for the entire summer! Enjoy free child watch, free group exercise and fitness classes, year-round swimming, state of the art equipment, and family events. Individual, couple, single-adult, and family memberships available.

JOIN THE YMCA OF GREATER WILLIAMSON COUNTY AND FIND IT ALL!



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GIVE THE GIFT OF DISCOVERY

When you Donate to the Y,
you're giving kids in need
the opportunity to explore
all they can become.
Give for a better us.

The Y.™ For a better us.™

YMCA OF GREATER
WILLIAMSON COUNTY

Annual Campaign

ymcagwc.org/donate

YMCA OF GREATER WILLIAMSON COUNTY SUMMER CAMP AGREEMENT ACH/CC/DEBIT AUTOMATIC PAYMENT OPTION

1. INFO

| | | | | |
|---------------------|--|----------------|-----------|------------|
| Camper's first name | | Middle initial | Last name | |
| Camper's address | | | City | State |
| Home phone | | | Day phone | Cell phone |
| ZIP code | | | | |

2. BEGIN DRAFT DATE

Begin draft date _____ / _____ / _____

3. DRAFT SCHEDULE

| Draft Date | May 15 | | Jun 1 | | Jun 15 | | Jul 1 | | Jul 15 | | Aug 1 | | Aug 15 |
|----------------|--------------|---------|-----------|-----------|-----------|---------|-----------|-----------|-----------|--------------|----------|-----------|-----------|
| Week # | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Services date | May 30-Jun 2 | Jun 5-9 | Jun 12-16 | Jun 19-23 | Jun 26-30 | Jul 3-7 | Jul 10-14 | Jul 17-21 | Jul 24-28 | Jul 31-Aug 4 | Aug 7-11 | Aug 14-18 | Aug 21-25 |
| Balance amount | | | | | | | | | | | | | |

4. BANK / CREDIT / DEBIT DRAFT AGREEMENT

OPTION 1: CREDIT / DEBIT CARD

Please check one: visa mastercard discover amex

| | |
|-----------------------|-----------|
| Credit / debit card # | Exp. date |
| Cardholder name | CVV |

OPTION 2: BANK DRAFT

| | |
|---------------------|----------------|
| Account holder name | Bank name |
| Routing / transit # | Bank account # |

- ✓ Only 1 Form of Draft Payment can be entered per person.
 - ✓ Children enrolled in Y Afterschool may have a larger draft amount on May 15, Aug 1 & Aug 15.
1. Summer Camp auto-drafts occur twice a month (1st and 15th) for two camp weeks at a time, depending on which camp weeks are selected. Refer to Step #3 above.
 2. I understand that should I choose to terminate or change Bank Accounts, Banks, Account Types or Child Care Plan in anyway, I must provide the Y with at least a 2 week written notice prior to my transfer date.
 3. I understand that the information above will be used to transfer payment from my account.
 4. I understand that if my payment is returned for non-sufficient funds (NSF) for any reason, the item(s) will be re-presented electronically and I understand I will be charged a \$30 non-sufficient funds (NSF) processing fee. I am also responsible for all other recovery costs.
 5. I understand that if my account has a late pick up fee or late payment fee, the amount will be drafted from my account on the next draft date.
 6. The Y only accepts Visa, MasterCard, Discover, and AMEX.
 7. I understand that after three returned items, I will be ineligible to use the automatic payment option. My account will then become cash or money order only.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|



YMCA OF GREATER WILLIAMSON COUNTY

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