REGISTRATION & PAYMENT RECEIPT
YMCA Day Camp

Child's name: _____ Daxko ID: _____

◯ Check here if financial assistance applies: _____ % off programs.

◯ Check here if this camper has siblings that will attend camp.

Week	Dates	Camp Name	Camp Cost	Discounts	Paid Today	Balance Due	Balance Draft Date
1	May 26-29						May 20
2	June 1-5						May 27
3	June 8-12						June 3
4	June 15-19						June 10
5	June 22-26						June 17
6	June 29-July 3						June 24
7	July 6-10						July 1
8	July 13-17						July 8
9	July 20-24						July 15
10	July 27-31						July 22
11	August 3-7 (Not offered at all locations.)						July 29

- There will be a $5 late fee assessed for all payments received after balance draft date.
- For all after-care campers who are picked up late, a $1 per minute late fee will be assessed.

PAPERWORK INCLUDED

◯ Registration Form

◯ Health History Form

◯ Sunscreen/Medication Form

TODAY'S PAYMENT

◯ Check (make checks payable to YMCA of Middle Tennessee)

◯ Credit Card

◯ Cash (only exact change accepted)

◯ Saved Billing Method

Last four digits of card/account _____

TOTALS

Total paid today: _____

Remaining total balance due: _____

Parent signature _____ Date _____

Staff signature _____ Date _____

OFFICE USE ONLY Entered in Daxko by: _____ Date: _____

revised 1/2020