

**Hilliard/Ray Patch Family YMCA
Summer Camp
Payment Book**



We build strong kids, strong families, strong communities.

Hilliard/Ray Patch Family YMCA

Summer Camp Payment Form

****This form is to be used when paying the remaining balance for this week that your child is registered for camp! This form should also reflect before care/after care at camp.***

****Payments are due 14 days before the start of the week!***

Week # 1 (June 9-13)

Camper's Name: _____

Parent's Name: _____

Phone Number: _____

Circle Camp Attending: **Day Camp** **Sports Camp**

Circle Membership Type: **Metro** **Program** **Scholarship**

Camp Rates (Less the \$25 deposit): **Metro = \$74, Program = \$99**

Before Care Rates: **Metro = \$17, Program = \$20**

After Care Rates: **Metro = \$25, Program = \$27**

Amount Paying: _____

Date: _____

Hilliard/Ray Patch Family YMCA

Summer Camp Payment Form

***This form is to be used when paying the remaining balance for this week that your child is registered for camp! This form should also reflect after care at camp.**

***Payments are due 14 days before the start of the week!**

Week # 4 (June 30 – July 3)...PRORATED FOR CAMP FEES ONLY!

Camper's Name: _____

Parent's Name: _____

Phone Number: _____

Circle Camp Attending: Day Camp Sports Camp

Circle Membership Type: Metro Program Scholarship

Camp Rates (Less the \$25 deposit): Metro = \$54, Program = \$74

Before Care Rates: Metro = \$17, Program = \$20

After Care Rates: Metro = \$25, Program = \$27

Amount Paying: _____ Date: _____

Hilliard/Ray Patch Family YMCA

Summer Camp Payment Form

***This form is to be used when paying the remaining balance for this week that your child is registered for camp! This form should also reflect after care at camp.**

***Payments are due 10 days before the start of the week!**

Week # 5 (July 7-11)

Camper's Name: _____

Parent's Name: _____

Phone Number: _____

Circle Camp Attending: Day Camp Sports Camp

Circle Membership Type: Metro Program Scholarship

Camp Rates (Less the \$25 deposit): Metro = \$74, Program = \$99

Before Care Rates: Metro = \$17, Program = \$20

After Care Rates: Metro = \$25, Program = \$27

Amount Paying: _____ Date: _____

