



CAMP HBG PAYMENT PLAN AGREEMENT

DATE: _____

NAME: _____ PHONE/EMAIL: _____

CHILD'S
NAME: _____

This form confirms the above noted participant, or their parent/guardian, acknowledge their enrollment to the Community Services program specified below and agree to pay in full the amount due in installments as follows:

Payment Period: ___/___/___ through ___/___/___

Total Amount Due: \$_____

Remaining Balance: \$ _____

Payment Schedule: Weekly Installments. Payments will be processed the Wednesday prior the participants next scheduled program

The payment plan is contingent upon receipt of the ***signed payment plan agreement*** and a deposit of the first week's registration fees due at time of registration. Furthermore, a credit/debit card **MUST** be left on file for staff to process future payments. **Cash/check payments will not be accepted as part of the payment plan.**

All other payments will be processed on the Wednesday prior to your child's next scheduled program. If payments are not able to be processed due to credit/debit card issues, we will make attempts to reach you on Thursday and/or Friday of the week prior to the start of the program. If we have not secured payment, staff will not admit participants to the program until the current balance is paid. Participants will be admitted upon receipt verification.

Please be sure to check your schedule prior to enrolling in the payment plan. Once you have signed up for the payment plan **refunds or program transfers will not be permitted.** Please make sure that you have recorded the correct information on this document.

Parent Signature

Date

	<u>Payment Received</u>	<u>Date</u>	<u>Staff Initials</u>
Week 1 – 6/8/20-6/12/20	_____	_____	_____
Week 2 - 6/15/20-6/19/20	_____	_____	_____
Week 3 – 6/22/20-6/26/20	_____	_____	_____
Week 4 – 6/29/20-7/2/20	_____	_____	_____
Week 5 – 7/6/20-7/10/20	_____	_____	_____
Week 6 – 7/13/20-7/17/20	_____	_____	_____
Week 7 – 7/20/20-7/24/20	_____	_____	_____
Week 8 – 7/27/20-7/31/20	_____	_____	_____
Week 9 – 8/3/20-8/7/20	_____	_____	_____
Week 10 – 8/10/20-8//20	_____	_____	_____

Credit Card

Name: _____

Card Number: _____

CVC: _____

Expiration Date: _____

- Accepted Cards: Visa, Mastercard, or American Express
- If participants enroll for all 10 weeks they will receive a 10% discount PLUS a week they will not be charged if they do not need childcare.

