Summer Day Camp - Auto Pay Authorization:

Child(s) Full Name(s): _____

Parent/Guardian: _____

Address: _____**City:**_____ **Zip** _____

Home Phone: _____ **Other Phone:** _____

In an effort to go GREEN Please provide your e-mail address.

E-Mail: _____

(Options, check all that apply)

_____ **E-Mail a receipt to me weekly.**

_____ **E-Mail me a childcare tax statement at the end of the year.**

****PLEASE READ CAREFULLY****

Your signature confirms your agreement to the following:

Credit/Debit Card Authorization:

I hereby authorize the City of Lafayette, Bob L. Burger Recreation Center to make weekly payments on my behalf from the credit card account listed below and apply it to the Day Camp Program.

☺ The non-refundable $25 registration deposit will hold a spot for your child in each week you register for.

☺ The remaining balance is due two weeks prior to each week your child is registered for and the payment due dates are:

A session due by May 13	F session due by June 17
B session due by May 20	G session due by June 24
C session due by May 28	H session due by July 1
D session due by June 3	I session due by July 8
E session due by June 10	J session due by July 15
K session due by July 22	

☺ If the balance is not paid in full by the above date your child will be cancelled from that week.

☺ Week to week transfers must be made 7 days in advance and are subject to a $5 transfer fee for each week.

_____ _____

Parent/Guardian Signature Date:

Card Authorization:

_____ Am EX _____Visa ____ MasterCard _____Discover Card

Card Holder Name _____

Card Number _____-_____-_____ _____

3 Digit Security Code _____ Expiration Date _____/_____

Revised 4/5/13 ks