

Families may choose between 10, 5, or 3 payments based on what works best for them.

Payment	Due Date	10 Payments (\$)	5 Payments (\$)	3 Payments (\$)
1	March 3, 2025	225	450	750
2	March 17, 2025	225	-	-
3	March 31, 2025	225	450	750
4	April 14, 2025	225	-	-
5	April 28, 2025	225	450	750
6	May 12, 2025	225	-	-
7	May 26, 2025	225	450	-
8	June 2, 2025	225	-	-
9	June 9, 2025	225	450	-
10	June 16, 2025	225	-	-

Example Payment Breakdown (for full 9-week enrollment):

Families registering for fewer than 9 weeks will have their payments recalculated accordingly, while the due dates remain the same.

Formula for Adjusted Payments: (Number of weeks × \$250) ÷ Chosen Payment Plan

Example for a Family Registering for 6 Weeks:

- Total Cost: 6 × \$250 = \$1,500
- Payment Plan Options:
 - 10 payments: \$1,500 ÷ 10 = \$150 per payment
 - 5 payments: \$1,500 ÷ 5 = \$300 per payment
 - 3 payments: \$1,500 ÷ 3 = \$500 per payment

Alternative payment arrangements must be discussed with the camp office in advance.

Camper Information

I, _____, agree to the following payment plan for the enrollment of my child(ren):

Child(ren)'s Name(s):_____

Program Details

Please check the weeks your child will be attending:

Week 1: June 23 – June 27 Before Care Week 2: June 30 – July 4 Before Care Week 3: July 7 – July 11 Before Care Week 4: July 14 – July 18 Before Care Week 5: July 21 – July 25 Before Care Week 6: July 28 – August 1 Before Care Week 7: August 4 – August 8 Before Care Week 8: August 11 – August 15 Before Care Week 9: August 18 – August 22 Before Care

Total Camp Cost: \$250 (\$50 Before Care) per week × number of weeks selected

Payment Method

Payments will be made via Credit/Debit Card, Check, or Money Order to the Boys and Girls Club of Milford.

Non-Refundable Policy (Initial)

_____I understand that all camp payments are non-refundable.

_____ I understand no refunds or credits will be issued for missed days or weeks.

_____ I understand full payment must be received by June 16, 2025 for my child to attend camp.

Payment Breakdown

Payment Date	Payment Amount
March 3, 2025	
March 17, 2025	
March 31, 2025	
April 14, 2025	
April 28, 2025	
May 12, 2025	
May 26, 2025	
June 2, 2025	
June 9, 2025	
June 16, 2025	

I, _____, agree to complete the above payments on or before the dates listed above.

Signature:_____

Credit Card Authorization (Required for Open Balances)

Cardholder Name:	
Billing Address:	
Credit Card Type: Visa Master0	Card Amex
Card Number:	Exp. Date:
Card Identification Number: (3-c	ligit back of Visa/MC, 4-digit front of Amex)
•	ord to charge any unpaid balance for Summer Camp 2025. I agree to pay in accordance with the issuing
Cardholder Signature:	Date:
Agreement & Signature	
By signing below, I agree to adhere to the	terms outlined in this payment plan and commit to

By signing below, I agree to adhere to the terms outlined in this payment plan and commit to paying the full registration fee by the specified due date.

Parent/Guardian Signature: ______ Date: _____

Thank you for your cooperation. We look forward to an amazing summer at the Boys and Girls Club of Milford!