

The Children's Center

Summer Camp Registration Form

Child Information	Child Information Child's Name _____ Birth Date: _____ Parent's Name(s) _____ Phone # _____ Address: _____ Email: _____ Beginning Date of Attendance: _____
Registration Fees	Registration Fee (required to hold spot) <input type="checkbox"/> Summer Camp only (June - August) \$55 <input type="checkbox"/> Summer Camp and Fall (Before and After School) \$90
Payment Authorization	no vacation credit for summer only or fall only registrations. ** ***A \$200 deposit will be charged to your account and will be credited to your last two weeks of enrollment. <input type="checkbox"/> By checking this box, I authorize the above selected registration fees to be deducted from my account on file with The Children's Center. <input type="checkbox"/> By checking this box, I authorize the \$200 deposit to be deducted from my account on file with The Children's Center. (select this only if your child does not have a deposit on file)
	Signature Parent signature _____ Date _____

Complete and return signed form by email to Jared@NilesKids.Com OR fax to 269-683-0411

The Children's Center

Kangarootime Payment Authorization Form

Credit Card
Authorization

I (we) hereby authorize The Children's Center to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of the agreement, I (we) are required to give 14 days written notice.

Visa

Mastercard

Cardholder Name _____

Phone _____

Cardholder Address

Account Number _____ Exp. Date _____

Cardholder Signature _____ Date _____

Bank
Authorization

I (we) hereby authorize The Children's Center to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of the agreement, I (we) are required to give 14 days written notice.

(credit union members, please contact credit union to verify account and routing numbers for automatic payment)

Your Name _____

Phone _____

Cardholder Address

Bank Name _____

Bank Address _____

Routing Transit # _____ Account # _____

Checking Account

Savings Account

Signature _____ Date _____

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