



WINTHROP AREA YMCA KID'S CLUB CREDIT CARD AUTHORIZATION

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

Card Holder Name: _____

Billing Address: _____ Town: _____

State: ____ Zip Code: _____ Card Type: VISA MC AMEX DISC

Card # _____ CSV: _____ Exp. Date: __ / __

Email Address: _____

PAYMENT AUTHORIZATION: Payments will be made on the first business day of each week throughout the time your child(ren) are enrolled in Winthrop Area YMCA Kid's Club. The amount charged is based on the previous week's attendance. There will be no deduction or return of tuition for participants sent home for disciplinary problems. The decision to send a participant home for disciplinary reasons rests solely with the Kid's Club Staff and Directors. Staff reserve the right to send a participant home whose influence, conduct, or actions are deemed harmful or disruptive to themselves or others, and who will not or cannot abide by the rules and policies of Kid's Club. If this occurs, no deduction or return of tuition fees, or any part thereof, will be made.

I have read and agree to the terms and conditions above. By signing this form I give State YMCA of Maine d.b.a. Winthrop Area YMCA Kid's Club permission to charge my card the total amount due each week as indicated in the tuition contract.

Please contact Jodi O'Keefe (Office Manager) (jodi@maineycamp.org, 207-395-4200) with any payment changes that need to be made.

Card Holder's Signature: _____ Date: _____

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STATE YMCA OF MAINE / YMCA CAMP OF MAINE
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WINTHROP, ME 04364
207-395-4200
www.maineycamp.org