

# \$10/Full-Day Summer Day Camp

Hours: 8:00 AM-5:30 PM – Upon receiving approval of application, this becomes your invoice for Summer Care – no other invoice will be issued or sent to you.

Please email this application to the Club as part of your application package

\*NOTE: Please submit one application per child.

**\*Use drop down menu to select your current club\***

**New Member**

**Existing Member - Acct #:** \_\_\_\_\_

**Child's Grade in Sept 2024:** \_\_\_\_\_

I have created/or updated my child's profile  
on BGC Okanagan Online Registration

**PARENT/GUARDIAN INFORMATION:**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**CHILD INFORMATION:**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

<b>JULY 2024</b> Add an 'X' to select week(s)	<b>Week 1</b> July 2-5 40.00	<b>Week 2</b> July 8-12 \$50.00	<b>Week 3</b> July 15-19 \$50.00	<b>Week 4</b> July 22-26 \$50.00	<b>Week 5</b> July 29-Aug 2 \$50.00
<b>AUGUST 2024</b> Add an 'X' to select week(s)		<b>Week 6</b> Aug 6-9 \$40.00	<b>Week 7</b> Aug 12-16 \$50.00	<b>Week 8</b> Aug 19-23 \$50.00	<b>Week 9</b> Aug 26-30 \$50.00

*Fees are non-refundable*

*Financial (Admin Use Only)*

Membership \$10.00 \_\_\_\_\_ July: \_\_\_\_\_ days X \$10.00 = \$ \_\_\_\_\_ Aug.: \_\_\_\_\_ days X 10.00 = \$ \_\_\_\_\_

**INITIALS**

**I AM AUTHORIZING THE FOLLOWING:**

**MEMBERS:** I UNDERSTAND FEES WILL BE PROCESSED EITHER TO MY EXISTING CREDIT CARD OR DEBITED TO MY BANK ACCOUNT ON FILE BY THE BILLING DEPARTMENT AS A PRE-AUTHORIZED PAYMENT AS FOLLOWS:

- FOR JULY REGISTRATIONS RECEIVED PRIOR TO JUNE 19<sup>th</sup>, FEES PROCESSED ON JUNE 21<sup>st</sup>.
- FOR JULY REGISTRATIONS RECEIVED AFTER JUNE 19<sup>th</sup>, FEES PROCESSED **ON THE IMMEDIATE FRIDAY** FOLLOWING CONFIRMATION OF REG'N.
- FOR AUGUST REGISTRATIONS RECEIVED PRIOR TO JULY 19<sup>th</sup>, FEES PROCESSED ON JULY 26<sup>th</sup>.
- FOR AUGUST REGISTRATIONS RECEIVED AFTER JULY 19<sup>th</sup>, FEES PROCESSED **ON THE IMMEDIATE FRIDAY** FOLLOWING CONFIRMATION OF REG'N.

**AFFORDABLE CHILD CARE BENEFIT:**

MY APPROVED MINISTRY-ISSUED BENEFIT PLAN WITH SUMMER CARE IS **ATTACHED TO THIS REGISTRATION** AND WILL BE APPLIED PRIOR TO PAYMENT.

I UNDERSTAND IF MY APPROVED MINISTRY-ISSUED BENEFIT PLAN IS **NOT ATTACHED** TO THIS REGISTRATION THAT I AM RESPONSIBLE TO PAY THE FULL

**Parent Signature:** \_\_\_\_\_ **Date:** (MM/DD/YYYY) \_\_\_\_\_

For Billing Use Only								SFDA: May 2024	
Spreadsheet:		Invoice:		Payment:		ACCB:		CCFR:	