

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.

Summer Day Camp Application for:
Armstrong Club - 3015 Wood Ave, Armstrong
Email: Vernon@bgco.ca

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: _____

JULY 2024 Add an 'X' to select week(s)	Week 1 July 2-5 173.05	Week 2 July 8-12 \$216.30	Week 3 July 15-19 \$216.30	Week 4 July 22-26 \$216.30	Week 5 July 29-Aug 2 \$216.30
AUGUST 2024 Add an 'X' to select week(s)		Week 6 Aug 6-9 \$173.05	Week 7 Aug 12-16 \$216.30	Week 8 Aug 19-23 \$216.30	Week 9 Aug 26-30 \$216.30

Fees are non-refundable

<i>Financial (Admin Use Only)</i>		
Membership \$10.00 _____	July: _____ days X \$43.26 = \$ _____	Aug.: _____ days X 43.26 = \$ _____

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