



## Tallmadge Parks & Recreation Department 2023 Summer Camp & Before and After Camp Programs

### CHILD ENROLLMENT AND HEALTH INFORMATION

Start Date:

<b>Child's Name (Last, First)</b>		Date form completed
Home Address	City, State, Zip Code	Home Telephone Number
Kindergarten/Grade Level Enrolled in School Year Starting in Fall	Date of Birth	Age

<b>Parent/Guardian Name</b>	Relationship To Child	<b>Parent/Guardian Name</b>	Relationship To Child
Home Address	Employer	Home Address	Employer
City, State, Zip Code	Address & City	City, State, Zip Code	Address & City
<b>How can you be reached:</b> Primary Phone:		<b>How can you be reached:</b> Primary Phone:	
Secondary Phone:		Secondary Phone:	
<b>Where can you be reached most of the time when your child is at this program:</b>		<b>Where can you be reached most of the time when your child is at this program:</b>	
<b>EMAIL ADDRESS (REQUIRED):</b>			
<b>Note: This summer, all medical forms will be done electronically. You must enter a valid email address to receive the information needed to fill out your child/children's medical forms.</b>			

Child will be attending **SUMMER CAMP WEEKS** checked below. *Your child will not be registered for any weeks without payment.* You will be charged for any weeks checked at time of registration. Payment plans are available for those registering for four (4) or more weeks.

Week #1 June 5-9	Week #2 June 12-16	Week #3 June 19-23	Week #4 June 26-30	Week #5 July 3-7 <i>*No camp July 4*</i>
Week #6 July 10-14	Week #7 July 17-21	Week #8 July 24-28	Week #9 July 31-Aug 4	Week #10 Aug 7-11

Child will be regularly attending the **BEFORE & AFTER CAMP PROGRAM** as checked below:  
AM is 6:30 a.m. – 9:00 a.m. and PM is 2:00 p.m. – 6:30 p.m. Monday through Friday. Payment plans are available for those registering for four (4) or more weeks.

Week #1 June 5-9	Week #2 June 12-16	Week #3 June 19-23	Week #4 June 26-30	Week #5 July 3-7 <i>*No camp July 4*</i>
Week #6 July 10-14	Week #7 July 17-21	Week #8 July 24-28	Week #9 July 31-Aug 4	Week #10 Aug 7-11



## Summer Camp Payment Plan Registration

The City of Tallmadge Parks and Recreation Department offers payment plans for those registering for four (4) or more weeks of summer camp and before/after care in advance. Upon receipt of the signed payment plan agreement, EFT form and payment plan deposit, the child/children will be enrolled.

### Payment Details

Payment for one week of summer camp and before/after care for each child is due at the time of registration. The remaining balance must be paid through electronic funds transfer (EFT) from a checking or savings account. The account will be billed bi-weekly beginning June 2, 2023 and will include two (2) to four (4) payments, ending June 16, 2023 or July 14, 2023 respectively. Returned payments will be charged a non-sufficient funds fee equal to that charged to the City by the bank per transaction billed.

### Refunds

If an individual wants to cancel enrollment due to extenuating circumstances, a written cancellation request outlining the reason for the cancellation must be submitted to the Parks and Recreation Superintendent. Refunds/credits will be granted on a case-by-case basis and the Tallmadge Parks and Recreation Department reserves the right to deny a request or provide a partial refund. A processing fee of \$5 or 10% (whichever is greater) may be withheld from all cancellation requests if granted. Refunds will not be granted for time missed due to vacations, illness (except documented), weather cancellations, cancellations required by the City of Tallmadge, discipline or suspension.

### Failure to Comply

Failure to comply with this agreement will result in the child/children's removal from the program until payment is made.

### Summer Camp Installment Amount:

# Weeks Registered	# of Bills	Amount per bill	
		Resident	Non-Resident
4 Weeks	2	\$112.50	\$127.50
5 Weeks	2	\$150.00	\$170.00
6 Weeks	2	\$187.50	\$212.50
7 Weeks	4	\$112.50	\$127.50
8 Weeks	4	\$131.25	\$148.75
9 Weeks	4	\$150.00	\$170.00
10 Weeks	4	\$168.75	\$191.25

### Summer Camp AND Before/After Camp Amount:

# Weeks Registered	# of Bills	Amount per bill	
		Resident	Non-Resident
4 Weeks	2	\$240.00	\$277.50
5 Weeks	2	\$320.00	\$370.00
6 Weeks	2	\$400.00	\$462.50
7 Weeks	4	\$240.00	\$277.50
8 Weeks	4	\$280.00	\$323.75
9 Weeks	4	\$320.00	\$370.00
10 Weeks	4	\$360.00	\$416.25

Parent/Head of Household Name: \_\_\_\_\_

Child/Children's Names: \_\_\_\_\_

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Tallmadge Parks & Recreation Department  
Agreement to Authorize Electronic Funds Transfer**

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**ACCOUNT HOLDER INFORMATION**

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

**Address** \_\_\_\_\_ **City/Zip** \_\_\_\_\_

**Day Phone** \_\_\_\_\_ **Night Phone** \_\_\_\_\_

**E-Mail** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

I (**please print**) \_\_\_\_\_ authorize the City of Tallmadge Recreation Center to initiate debit entries to my account and financial institution on the voided check or savings account voucher below. Transfer of funds will occur bi-weekly beginning June 2, 2023 and will include two (2) or four (4) payments, ending June 16 (2 payments) or July 14, 2023 (4 payments). **Any returns for non-sufficient funds/declined charges will incur a fee equal to that charged to the City by the bank per transaction billed** and it will be due by cash, credit or money order within 3 business days of notice to member (payable at the Recreation Center, 46 N. Munroe Road).

This authority is to remain in full force until contract expires. City of Tallmadge Recreation Center will not be liable to me for any special or consequential damages, whether direct or indirect for any wrongful debit to my account. City of Tallmadge Recreation Center reserves the right to terminate this agreement at any time.

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***Notification is needed and the responsibility of member for any changes in banking or charge accounts.***

*Bank information on file is current and correct.*

\_\_\_\_\_ *Account holder initials*                      \_\_\_\_\_ *Date*

**Please do not write below this line – for office use only**

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EFT Price \_\_\_\_\_ Staff member completing form \_\_\_\_\_

**Must provide a voided check (staple on bottom front of receipt).  
Deposit slips are not acceptable.**

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**CURRENT MEMBERSHIP EFT ACCOUNTS:  
ONLY PROVIDE NEW VOIDED CHECK IF  
CHECKING ACCOUNT INFORMATION HAS CHANGED.**