



# CAMP GROSSMAN & CAMP KALEIDOSCOPE PAYMENT OPTIONS FORM

## One Form Per Family

If you plan to pay in full by check or by credit card by May 15, please DO NOT complete this form. Please note that all credit card payments (except the deposit) will incur a 3% service fee.

Family Last Name \_\_\_\_\_ Family ID \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Camper(s) Name	Balance	* indicates a current EFT plan exists	
Child #1			Child #4
Child #2			Child #5
Child #3			Child #6

Total Due \_\_\_\_\_ (from Registration Confirmation)

### 1. SELECT A PAYMENT PLAN

a. **Electronic Funds Transfer (EFT)** - *There is no charge for this arrangement ATTACH VOIDED CHECK HERE*

or

**RETURNING CAMPERS ONLY:** Deduct the monthly payment from the Bank Account on file ending with the last four digits \_\_\_\_\_

b. **CREDIT CARD INFORMATION** - *Credit card payments will incur a 3% service charge*

\_\_\_ Visa® \_\_\_ MasterCard® \_\_\_ Discover® \_\_\_ Amex®

Credit card number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ exp. date \_\_\_\_ / \_\_\_\_

Name as it appears on Credit Card \_\_\_\_\_

### 2. CHOOSE DATE OF WITHDRAWAL

\_\_\_ 1st of the month or \_\_\_ 15th of the month *Balance will be divided into equal, consecutive monthly payments.*

### 3. SELECT PAYMENT SCHEDULE

- 8 equal payments Nov-June
- 7 equal payments Dec-June
- 6 equal payments Jan-June
- 5 equal payments Feb-June
- 4 equal payments March-June
- 3 equal payments April-June
- 2 equal payments May-June
- 1 total payment June

**FOR OFFICE USE:**

Date \_\_\_\_\_ Staff \_\_\_\_\_


## NOTIFICATION OPT-OUT

Yes  No I would like to receive monthly email reminders of upcoming payments.

## DEPENDENT CARE RECEIPTS

Yes  No I would like to receive monthly receipts for reimbursement from Flexible Spending Account (FSA).

## TERMS AND CONDITIONS

### PARENT PAYMENT AGREEMENT

1. I hereby authorize the JCC to charge the bank account or credit card indicated for the total due or divided into equal, consecutive monthly payments according to the schedule specified on this form. If the selected day falls on a weekend, charge will occur on next business day.
2. This agreement will not be processed without receipt of required non-refundable deposit.
3. Your bank or credit card statement will serve as receipt for all payments.
4. Your Total Due may vary from this amount based on increases or decreases in charges, financial aid or other credits. If the changes are made prior to the end date of this Agreement, the JCC will adjust the monthly draft amount based on the selected payment option. Please check your monthly email courtesy notification for any changes to monthly payment plan.
5. Week extensions on accounts paid in full (\$0 balance) must be paid by check, or contact the Business Office, 617.558.6450, [businessoffice@jccgb.org](mailto:businessoffice@jccgb.org), to reinstate a payment plan.
6. If your bank or credit card company does not honor the EFT payment, the JCC will resubmit the EFT payment for your monthly amount, plus a \$25 service charge, upon receipt of notification by the bank. If your account is at least two payments past due, you will be obligated to pay the balance of the fees immediately.
7. There is no processing fee for an EFT. Credit card payments will incur a 3% service charge.

**I have read and agree to the above terms and conditions, including the selected payment option.**

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail completed agreement with an attached voided check, if applicable to:

JCC Business Office  
333 Nahanton Street  
Newton, MA 02459

Please do not make any changes to the above payment schedules. If you require an alternate plan or if you have any questions, please contact the Business Office at 617.558.6450.

Camp Grossman

Winter: 333 Nahanton Street, Newton, MA 02459 • ph:617.244.5124 • f:617.244.1289 • e:grossman@jccgb.org  
Summer: 294 Powissett Street, Dover, MA 02030 • ph:781.329.9300 • f:781.329.1377

Camp Kaleidoscope

333 Nahanton Street, Newton, MA 02459 • ph: 617.558.6523 • f: 617.244.1289•e:kaleidoscope@jccgb.org