

PARENT AND CHILD INFORMATION

CHILD NAME: _____ CHILD ID: _____
(First and Last)

PARENT NAME: _____ PARENT ID: _____
(First and Last)

PHONE #: _____ EMAIL: _____

AUTODRAFT

Weekly Draft Amount is for intended camp week, all costs and expenses are included in the weekly fee.

The Camp weekly program fee (draft) amount indicated above will be automatically deducted from/charged to my (check one):

NEW PAYMENT METHOD

Attach a voided check to draft from checking/savings or for debit/cards fill out a draft request form at your branch.

EXISTING ACCOUNT

Checking Savings Card

Last 4 of Account # or Card: _____

This AutoDraft payment plan is a continuous program, however is not designed to exceed the program's end date of ____/____/____.

DEPARTMENT FOR CHILDREN AND FAMILIES (DCF)

Paying with DCF? YES NO

DCF PROVIDER IDS

CAMP HYDE AND ALL CAMP HYDE DROP OFF - B794742
ANDOVER FARHA - C912288 NORTHWEST BRANCH - C165757
EAST BRANCH - C210287 SOUTH BRANCH/FARHA - C905853