

# ABC Care Lake Keowee Camp Registration, South Carolina (Summer 2018) – Page 1

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

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Additional person ABC is authorized to discuss this account with include:

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent/Guardian Agreement

By signing this registration agreement on behalf of my child, I acknowledge I am financially responsible for the week indicated on the registration form. In case of voluntary withdrawal, absenteeism, deduction of week or if my child is removed from camps, I understand there will be **no refund of camp fees** or credit applied to my account. I agree to complete all required forms and submit forms two weeks prior to the start of the camp week. I agree to read the 2018 Summer Camp Parent manual in its entirety and to abide by the requirements and policies as stated.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_

DOB \_\_\_\_\_

Grade Entering Fall \_\_\_\_\_

T-Shirt Size (Circle One): Youth- S M L Adult- S M L XL

School Your Child Attends: \_\_\_\_\_

**Please complete separate registration form for each child.**

Name of Sibling(s) \_\_\_\_\_

How did you hear about us?

Advertisement  Your School  Billboard  Mailed Brochure

Referred By:

Other:

## Emergency Form

I acknowledge my child's emergency form and camp enrollment forms (found on ABC Care's website [www.abccareinc.com](http://www.abccareinc.com)) must be submitted to the Camp Director prior to starting at camp. If forms are not current and/or not on file, my child will not be permitted to begin camp.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Tuition Responsibilities

Early Bird Special: In order to receive Early Bird pricing registration must be for both weeks and is due by June 1st. The balance of June week is due by June 15th. Early Bird discounted tuition not paid by the due dates forfeit all weekly discounts and discounted registration fee. Regular rates apply for registrations received after May 25, 2018. Walk in rates apply if registering and/or paying less than 1 week prior to start of camp (additional fee of \$20 per week).

**PART or FULL TIME CAMP** - Please place a check mark in the box indicating your choice of camp location/week/add on and circle days attending under each week.

**June  
25-29**

Lake Keowee Camp (South Carolina)	M T W Th F
Transportation from Ingles Grocery Store (Rt 123 and Rt 130)	M T W Th F
Field Trips (T,Th) gr. 4-8 only	

FAX BACK TO: 410.751.3702

Return completed registration form and fee to: ABC Care, Inc. • 2815 Patapsco Road • Finksburg, MD 21048 • 1.877.302.3845 • [www.abccareinc.com](http://www.abccareinc.com)

# ABC Care Lake Keowee Camp Registration, South Carolina (Summer 2018) — Page 2

Child's Name: \_\_\_\_\_

## PAYMENT INFORMATION

**All families must provide either checking, savings, or credit card information, regardless of the payment option chosen.**

Please select:

- I \_\_\_\_\_ (full name) will pay by check.
- I \_\_\_\_\_ (full name) authorize ABC Care to charge my credit card or use ACH Withdrawals indicated below **7 banking days prior to payment due date** for the payment of my summer camp tuition.

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

## PARENT/GUARDIAN AGREEMENT

By signing this registration agreement on behalf of my child, I acknowledge that if tuition is not paid by the due date (either Early Bird due dates or within 2 weeks prior to start of camp week) ABC Care has permission to process the amount due either by credit card (including 2% fee) or ACH withdrawal using the information provided.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

This authorization will remain in effect until the end of the summer—September 1, 2018. I agree to notify ABC Care in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date. If the above noted payment falls on a weekend or holiday, I understand my payments will be executed on the prior banking day. Credit card fee of 2% will be applied. In case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that ABC Care, Inc. may, at its discretion, attempt to process the charge again within 5 days. I acknowledge ACH transactions to my account must comply with provisions of the U.S. law. I certify that I am an authorized user of this credit card/ bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this form.

**FAX BACK TO: 410.751.3702**

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Account _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
Cardholder Name _____	
Account Number _____	
Exp. Date _____	
CVV _____	
(3 digit number on back of card)	