

ABC Care Camps Registration (Summer 2018) - Page 1

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____ Work Phone _____

Email Address _____

Parent/Guardian Signature _____

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

Name _____

Relationship _____ Phone _____

Signature _____ Date _____

Child's Name _____

DOB _____ Grade entering Fall _____

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

If yes, please indicate ABC Center your child attends: _____

School your child attends: _____

Please complete a 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: _____

Parent/Guardian Agreement

By signing this registration agreement on behalf of my child, I acknowledge I am financially responsible for the weeks indicated on the registration form. In case of voluntary withdrawal, absenteeism, deduction of weeks 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

Emergency Form, Medical Information & Activities

I acknowledge my child's emergency form, medication information and any additional mandatory camp enrollment forms (found on ABC Care's website 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. I acknowledge pedal boating occurs at all summer camps. I acknowledge that swimming in both a pool and natural swim area occurs at all summer camps. I acknowledge that bicycle riding occurs at select camps.

Parent/Guardian Signature

Date

Tuition Responsibilities

Early Bird Special: A completed ABC Care Summer Camp non-refundable registration fee and form, deposit of \$60 per week (7 or more weeks) including specific choice of weeks, must be in our ABC Care office by April 6, 2018. In order to receive Early Bird pricing the balance of June weeks is due by May 25th, the balance of July weeks is due by June 8th, & the balance of August weeks is due by July 6th. 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 April 6, 2018. Walk in rates apply if registering and/or paying less than 2 weeks prior to start of camp (additional fee of \$40 per week) or less than 1 week prior to camp (additional fee of \$50 per week). Security deposits are required with all types of registration (unless registering less than 2 weeks prior to start of camp week; then registration, tuition and walk-in fee are due at time of registration).

FAX BACK TO: 410.751.3702

Return completed registration form and fee to: ABC Care, Inc. • 2815 Patapsco Road • Finksburg, MD 21048 • 410.751.3700 • www.abccareinc.com

ABC Care Camps Registration (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, Inc. 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.

Signature

Date

This authorization will remain in effect until the end of the summer—September 1, 2018. I agree to notify ABC Care, Inc. 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.

<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name on Acct _____
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)

CHOOSE YOUR WEEKS ON NEXT PAGE

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ABC Care Camps Registration (Summer 2018) - Page 4

Child's Name: _____

ORDER FORM

—Items will be made available to camper upon first week of attendance.
Limited quantities for all items.



(Lime Green)

Additional ABC Care T-Shirt ... **\$14**
 (Circle) Youth: S M L
 Adult: S M L XL

Quantity _____



(Color Varies)

ABC Care UV Swim Shirt **\$26**
 (Circle) Youth Large
 Adult: XS S M L XL

Quantity _____



(Aluminum with flip-up spout)

ABC Care Water Bottle ... **\$12**
 Quantity _____



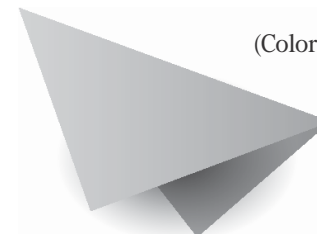
(Lime Green & Black)

ABC Care Drawstring Bag **\$12**
 Quantity _____



(Navy Blue)

ABC Care Hat **\$10**
 Quantity _____



(Color Varies)

Cooling Bandanna **\$9**
 Quantity _____

FOR OFFICE USE ONLY

____/____/____ (Order Received)

____/____/____ (Items Sent)

Payment Received

____ (Initials)

Total Cost of Items Selected \$ _____
 (Payment due at the time of order)

Check Attached

Use Payment Info Provided on Pg. 2

 Parent/Guardian Signature

FAX BACK TO: 410.751.3702

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