

# ABC Care Camps Registration (Summer 2017) - 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 \_\_\_\_\_

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

## 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 2017 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](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. 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 (if 7 or more weeks) or deposit of \$70 per week (if 4,5,6 weeks) per child, including specific choice of weeks, must be in our ABC Care office by April 7, 2017. In order to receive Early Bird pricing the balance of June weeks is due by May 19th, the balance of July weeks is due by June 9th, & the balance of August weeks is due by July 7th. 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 7, 2017. 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](http://www.abccareinc.com)

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

DOB \_\_\_\_\_ Grade entering Fall \_\_\_\_\_

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

Does your child attend ABC Care Before and After childcare?  Yes  No

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: \_\_\_\_\_

# ABC Care Camps Registration (Summer 2017) - 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, 2017. 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 2017) - Page 3

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

Please circle Full Time (FT), Part Time (PT) or Flex for your schedule. Circle days attending under each week if Part Time or Flex. Part Time schedule combinations available on Camp Snapshot & website. N/A indicates not available.

		June 19-23	June 26-30	July 3-7	July 10-14	July 17-21	July 24-28	July 31-August 4	August 7-11	August 14-18	August 21-25	Aug 28-Sept 1
<b>Deer Park Sports &amp; Swim Camp</b>		FT PT Flex	FT PT Flex	FT PT Flex	FT PT Flex	FT PT Flex	FT PT Flex	FT PT Flex	FT PT Flex	FT PT Flex	N/A	N/A
Circle days attending if Part Time or Flex. Part Time schedule combinations available on Camp Snapshot & Website.		M T W Th F	M T W Th F	M W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	N/A	N/A
<b>Add On Marvelous Monday Field Trip (4<sup>th</sup> Grade &amp; up)</b>		N/A	N/A	N/A						N/A	N/A	N/A
<b>Cascade Water Camp</b> Circle # of Lessons: 0 1 2		FT PT Flex	FT PT Flex	FT PT Flex	FT PT Flex	FT PT Flex	FT PT Flex	FT PT Flex	FT PT Flex	FT PT Flex	N/A	N/A
Circle days attending if Part Time or Flex. Part Time schedule combinations available on Camp Snapshot & Website.		M T W Th F	M T W Th F	M W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	N/A	N/A
<b>Transportation from Sacred Heart</b> Departs (Circle) 7:45am 8:30 am Returns 5:30		M T W Th F	M T W Th F	M W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	N/A	N/A
<b>Add on Marvelous Monday Field Trip (4<sup>th</sup> Grade &amp; up)</b>		N/A	N/A	N/A						N/A	N/A	N/A
<b>Deer Park Adventure Camp</b>		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	FT PT Flex	FT PT Flex
Circle days attending if Part Time or Flex. Part Time schedule combinations available on Camp Snapshot & Website.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M T W Th F	M T W Th F
<b>Transportation from Sacred Heart</b> Departs 7:45am Returns 5:30pm		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M T W Th F	M T W Th F
<b>Eldersburg Adventure Camp at Piney Run Park</b>		FT PT Flex	FT PT Flex	FT PT Flex	FT PT Flex	FT PT Flex	FT PT Flex	FT PT Flex	FT PT Flex	FT PT Flex	N/A	N/A
Circle days attending if Part Time or Flex. Part Time schedule combinations available on Camp Snapshot & Website.		M T W Th F	M T W Th F	M W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	N/A	N/A
<b>Add On Swim Lesson (Tuesdays Only)</b>				N/A							N/A	N/A
<b>Add On Marvelous Monday Field Trip (4<sup>th</sup> Grade &amp; up)</b>		N/A	N/A	N/A						N/A	N/A	N/A
<b>Piney Run Park Nature Camp</b>		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	FT PT Flex	FT PT Flex
Circle days attending if Part Time or Flex. Part Time schedule combinations available on Camp Snapshot & Website		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M T W Th F	M T W Th F
<b>Transportation from Watkins Park (Mt. Airy)</b> Circle Depart/Return: Depart 7:30am Depart 8:30am Return 4:30pm Return 5:30pm		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M T W Th F	M T W Th F
<b>Southern Carroll Adventure Camp at Piney Run Park</b>		FT PT Flex	FT PT Flex	FT PT Flex	FT PT Flex	FT PT Flex	FT PT Flex	FT PT Flex	FT PT Flex	FT PT Flex	N/A	N/A
Circle days attending if Part Time or Flex. Part Time schedule combinations available on Camp Snapshot & Website		M T W Th F	M T W Th F	M W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	N/A	N/A
<b>Add On Swim Lesson (Tuesdays Only)</b>				N/A							N/A	N/A
<b>Add On Marvelous Monday Field Trip (4<sup>th</sup> Grade &amp; up)</b>		N/A	N/A	N/A						N/A	N/A	N/A
<b>Transportation from Watkins Park (Mt. Airy)</b> Circle Depart/Return: Depart 7:30am Depart 8:30am Return 4:30pm Return 5:30pm		M T W Th F	M T W Th F	M W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	N/A	N/A

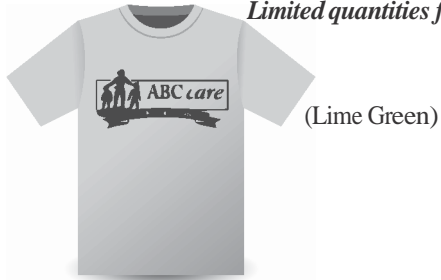
# ABC Care Camps Registration (Summer 2017) - Page 4

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

FOR OFFICE USE ONLY	
____/____/____ (Order Received)	____/____/____ (Items Sent)
<input type="checkbox"/> Payment Received	____ (Initials)

## 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 ... **\$12**  
 (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 .... **\$10**  
 Quantity \_\_\_\_\_



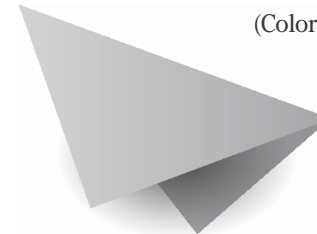
(Lime Green & Black)

ABC Care Drawstring Bag ..... **\$10**  
 Quantity \_\_\_\_\_



(Navy Blue)

ABC Care Hat ..... **\$9**  
 Quantity \_\_\_\_\_



(Color Varies)

Cooling Bandanna ..... **\$9**  
 Quantity \_\_\_\_\_

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

Check Attached

Use Payment Info Provided on Pg. 2

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

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