

ABC Care Camps Registration (Summer 2019) - Page 1

Parent/Guardian Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email address _____
Parent/Guardian Signature _____ Date _____
Additional person ABC is authorized to discuss this account with:
Name _____
Relationship _____ Phone _____
Email address _____
Signature _____ Date _____

Child's Name: _____
DOB: _____ Grade entering Fall: _____
T-Shirt Size (Circle One): Youth- S M L Adult- S M L XL
Are you a School Year 2018-2019 ABC Care Family: (circle one) 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: _____

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 2019 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 paddle boating occurs at select summer camps. I acknowledge that swimming in a pool 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 form and non-refundable registration fee, deposit of \$60 per week (7 or more weeks) including specific choice of weeks, must be in our ABC Care office by April 15, 2019. In order to receive Early Bird pricing the balance of June weeks is due by May 31st, the balance of July weeks is due by June 14th, & the balance of August weeks is due by July 12th. 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 15, 2019. 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 2019) - 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 2.85% fee) or ACH withdrawal using the information provided.

Signature

Date

This authorization will remain in effect until the end of the summer—August 31, 2019. 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 2.85% 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 2019) - Page 3

Child's Name: _____

** Note: This is a partial week due to CCPS calendar change**

Please circle Full Time (FT), Part Time (PT) for your schedule.
 Circle days attending under each week if Part Time
 N/A indicates not available.

		June ** 19-21 **	June 24-28	July 1-5	July 8-12	July 15-19	July 22-26	July 29- August 2	August 5-9	August 12-16	August 19-23	August 26-30
Deer Park Sports & Swim Camp Circle FT for 5 days or PT for part time	FT PT	FT PT	FT PT	FT PT	FT PT	FT PT	FT PT	FT PT	FT PT	FT PT	N/A	N/A
Circle days attending if Part Time	W Th F	M T W Th F	M T W 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	M T W Th F	N/A	N/A
Add On Fierce Fabulous Field Trip (4th Grade & up) (circle to add trip)	N/A	N/A	N/A	Fab Fri	Fab Fri	Fab Fri	Fab Fri	N/A	N/A	N/A	N/A	N/A
Transportation from Sacred Heart Circle Departure time: 7:45am or 8:30am All Return at 5:30pm	W Th F	M T W Th F	M T W 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	M T W Th F	N/A	N/A
Transportation from Hampstead Area (Cape Horn) Departs 8:30AM and Returns 5:30 PM	W Th F	M T W Th F	M T W 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	M T W Th F	N/A	N/A
Deer Park Adventure Camp Circle FT for 5 days or PT for part time	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	FT PT	FT PT
Circle days attending if Part Time	N/A	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
Transportation from Sacred Heart Circle Departure time: 7:45am or 8:30am All Return at 5:30pm	N/A	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
Transportation from Hampstead Area (Cape Horn) Departs 8:30AM and Returns 5:30 PM	N/A	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
Eldersburg Adventure Camp at Piney Run Park Circle FT for 5 days or PT for part time	FT PT	FT PT	FT PT	FT PT	FT PT	FT PT	FT PT	FT PT	FT PT	FT PT	N/A	N/A
Circle days attending if Part Time	W Th F	M T W Th F	M T W 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	M T W Th F	N/A	N/A
Add On Swim Lesson (Circle)	T	T	N/A	T	T	T	T	T	T	T	N/A	N/A
Add On Fierce Fabulous Field Trip (4th Grade & up) (circle to add trip)	N/A	N/A	N/A	Fab Fri	Fab Fri	Fab Fri	Fab Fri	N/A	N/A	N/A	N/A	N/A
Transportation from Watkins Park (Mt. Airy) Circle Departure and Return time: Depart: 7:00am or 8:00am Return: 4:30pm or 5:30pm	W Th F	M T W Th F	M T W 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	M T W Th F	N/A	N/A
Piney Run Park Nature Camp Circle FT for 5 days or PT for part time	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	FT PT	FT PT
Circle days attending if Part Time	N/A	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
Transportation from Watkins Park (Mt. Airy) Circle Departure and Return time: Depart: 7:00am or 8:00am Return: 4:30pm or 5:30pm	N/A	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

ABC Care Camps Registration (Summer 2019) - Page 4

Child's Name: _____

ORDER FORM

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

FOR OFFICE USE ONLY

___/___/___ (Order Received)

___/___/___ (Items Sent)

Payment Received

____ (Initials)



(Lime Green)

Additional ABC Care T-Shirt ... **\$14**

(Circle) Youth: S M L

Adult: S M L XL

Quantity _____



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

Quantity _____



(Navy Blue)

ABC Care Hat **\$10**

Quantity _____



(Color Varies)

ABC Care UV Swim Shirt **\$26**

(Circle) Youth: S L

Adult: XS S M L XL

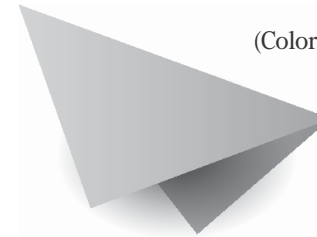
Quantity _____



(Lime Green & Black)

ABC Care Drawstring Bag **\$12**

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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