

The Barton Center for Diabetes Education, Inc.

**CLARA BARTON CAMP & CAMP JOSLIN
PAYMENT ARRANGEMENT SHEET**

Camper name: _____

**ALL CAMP FEES MUST BE PAID TWO WEEKS PRIOR TO YOUR CHILD'S ATTENDANCE,
UNLESS YOU OPT FOR THE MONTHLY PAYMENT SCHEDULE BELOW.**

- I/We agree to pay the total camp fee.
 - o \$50 registration fee must be enclosed with application to reserve space at camp.
 - o This fee is not applied to the camp fee and is nonrefundable.
- I/We agree to pay the entire camp fee using the monthly schedule below.
 - o \$50 registration fee must be enclosed with application to reserve space at camp.
 - o This fee is not applied to the camp fee and is nonrefundable.

PAYMENT SCHEDULE

| 1-Week Session | | 2-Week Session | | 3-Week Session | | Northeast Adventure | | Delaware River Adv. | |
|----------------|---------------|----------------|---------------|----------------|---------------|---------------------|---------------|---------------------|---------------|
| March | \$242 | March | \$484 | March | \$786 | March | \$600 | March | \$250 |
| April | \$242 | April | \$484 | April | \$786 | April | \$600 | April | \$250 |
| May | \$242 | May | \$484 | May | \$786 | May | \$600 | May | \$250 |
| June | \$242 | June | \$484 | June | \$786 | June | \$600 | June | \$250 |
| July | \$242 | July | \$484 | July | \$786 | July | \$600 | July | \$250 |
| Total | \$1210 | Total | \$2420 | Total | \$3930 | Total | \$3000 | Total | \$1250 |

If necessary, please call to arrange a different payment schedule to meet your specific needs.

I/We would like to charge the camp fee to:

- VISA
- MASTER CARD

Please print clearly

Credit card #: _____ Expiration date on card: _____

CVV (3-digit Verification # on front or back of card): _____

Name as it appears on card: _____

Address of card holder: _____

Amount to be charged to card now: \$ _____ Signature: _____

- Check here if you would like to charge the fee according to the schedule above.
 - o *Any remaining balance on the camp fee will automatically be processed two weeks prior to camp.*

IF YOU ARE REQUESTING FINANCIAL ASSISTANCE:

DEADLINE TO APPLY FOR FINANCIAL AID IS MAY 1. (If additional time is needed, please contact us.)

DEADLINE FOR FINANCIAL BACKUP LISTED ON FINANCIAL ASSISTANCE APPLICATION IS WITHIN TWO WEEKS OF APPLYING FOR FINANCIAL AID. IF BACKUP IS NOT RECEIVED, CAMPER REGISTRATION IS CANCELLED.

- I/We would like financial assistance with the camp fee.
 - o \$50 registration fee must be enclosed with application to reserve space at camp.
 - o I/We have completed the Financial Assistance Application with **VERIFICATION OF INCOME.**

Arrangements have been made with the following organization(s) to pay \$ _____ toward the camp fee.

Agency name(s): _____

*A completed Agency Agreement form must be forwarded directly to The Barton Center. In the event the agency should default on payment, **the fee is the responsibility of the parent.***

Insurance Reimbursement: If you have paid the entire camp fee, some medical insurance companies will reimburse the medical portion of the fee. Please check if you would like an itemized statement for medical expenses incurred at camp to submit to your insurance carrier. Itemized statements are mailed at the end of each session.

◆RETURN THIS FORM WITH REGISTRATION MATERIALS◆

The Barton Center for Diabetes Education, Inc.
DAY CAMP PAYMENT ARRANGEMENT SHEET

Camper name: _____

**ALL CAMP FEES MUST BE PAID TWO WEEKS PRIOR TO YOUR CHILD'S ATTENDANCE,
UNLESS YOU OPT FOR THE MONTHLY PAYMENT SCHEDULE BELOW.**

- I/We agree to pay the total Day Camp fee.
- \$50 registration fee must be enclosed with application to reserve space at camp.
 - This fee is not applied to the Day Camp fee and is nonrefundable.
- I/We agree to pay the entire camp fee using the monthly schedule below.
- \$50 registration fee must be enclosed with application to reserve space at camp.
 - This fee is not applied to the camp fee and is nonrefundable.

DAY CAMP PAYMENT SCHEDULE

| | |
|-------|-------|
| March | \$130 |
| April | \$130 |
| May | \$130 |
| June | \$130 |
| July | \$130 |
| <hr/> | |
| Total | \$650 |

If necessary, please call to arrange a different payment schedule to meet your specific needs.

- I/We would like to charge the camp fee to:

VISA

MASTER CARD

Please print clearly

Credit card #: _____ Expiration date on card: _____

CVV (3-digit Verification # on front or back of card): _____

Name as it appears on card: _____

Address of card holder: _____

Amount to be charged to card now: \$_____ Signature: _____

- Check here if you would like to charge the fee according to the schedule above.
- ***Any remaining balance on the camp fee will automatically be processed two weeks prior to camp.***

IF YOU ARE REQUESTING FINANCIAL ASSISTANCE:

DEADLINE TO APPLY FOR FINANCIAL AID IS MAY 1. (If additional time is needed, please contact us.)

DEADLINE FOR FINANCIAL BACKUP LISTED ON FINANCIAL ASSISTANCE APPLICATION IS WITHIN TWO WEEKS OF APPLYING FOR FINANCIAL AID. IF BACKUP IS NOT RECEIVED, CAMPER REGISTRATION IS CANCELLED.

- I/We would like assistance with the camp fee.
- \$50 registration fee **must** be enclosed with application to reserve space at camp.
 - I/We have completed the **Financial Assistance Application** with VERIFICATION OF INCOME.

- Arrangements have been made with the following organization(s) to pay \$_____ toward the camp fee.

Agency name(s): _____

- *A completed Agency Agreement form must be forwarded directly to The Barton Center. In the event the agency should default on payment, **the fee is the responsibility of the parent.***

- Insurance Reimbursement:** If you have paid the entire camp fee, some medical insurance companies will reimburse the medical portion of the fee. Please check if you would like an itemized statement for medical expenses incurred at camp to submit to your insurance carrier. Itemized statements are mailed at the end of each session.

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