

# RESIDENT CAMP PAYMENT ARRANGEMENT SHEET

The Barton Center for Diabetes Education, Inc.

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.**  
\$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.
- 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.

## PAYMENT SCHEDULE

One - Week Payment Schedule

March	\$200
April	\$225
May	\$225
June	\$225
July	\$225
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Total	\$1100

Two Week Payment Schedule

March	\$440
April	\$440
May	\$440
June	\$440
July	\$440
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Total =	\$2200

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

VISA     MASTER CARD-Please print clearly

Credit card #: \_\_\_\_\_ Expiration date on 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***

- I/We would like assistance with the camp fee.**

\$25 registration fee must be enclosed with application to reserve space at camp.

I/We have completed the financial report 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 given at the end of each session.

◆ RETURN THIS FORM WITH REGISTRATION MATERIALS ◆

# DAY CAMP PAYMENT ARRANGEMENT SHEET

The Barton Center for Diabetes Education, Inc.

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.**  
\$25 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.**  
\$25 registration fee must be enclosed with application to reserve space at camp. This fee is not applied to the camp fee and is nonrefundable.

## PAYMENT SCHEDULE

### DAY CAMP

March	\$100
April	\$100
May	\$125
June	\$125
July	\$125
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Total	\$575

- I/We would like to charge the camp fee to:**
  - VISA     MASTER CARD-Please print clearly

Credit card #: \_\_\_\_\_ Expiration date on 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***

- I/We would like assistance with the camp fee.**  
\$25 registration fee must be enclosed with application to reserve space at camp.  
I/We have completed the financial report 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 given at the end of each session.

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