

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 Payment Schedule		2-Week Payment Schedule	
March	\$230	March	\$455
April	\$230	April	\$455
May	\$225	May	\$455
June	\$225	June	\$455
July	\$225	July	\$450
Total	\$1135	Total	\$2270

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: _____
- 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:

- I/We would like financial assistance with the camp fee.
 - o \$25 registration fee must be enclosed with application to reserve space at camp.
 - o 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◆

Camp Joslin is operated by The Barton Center for Diabetes Education, Inc.

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

DAY CAMP PAYMENT SCHEDULE

March	\$125
April	\$125
May	\$125
June	\$125
July	\$100
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Total	\$600

- 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.
 - o ***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.
 - o \$25 registration fee must be enclosed with application to reserve space at camp.
 - o 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): _____

- o **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.