

The Barton Center for Diabetes Education, Inc.

**CLARA BARTON CAMP, CAMP JOSLIN, ADVENTURE PROGRAM,
& VERMONT OVERNIGHT 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. A \$50 late fee will be added to your balance **10 days prior to your camp session** if your camp fee is unpaid. If it is not paid in full including the late fee by the **Tuesday** prior to arrival, registration will be cancelled and the spot offered to a camper on the wait list. (Late fee does not apply to those on payment plan whose payments are current.)

- I/We agree to pay the total camp fee.**
 - o **\$50 registration fee for each program 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 for each program 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

(does not include \$50 registration fee or any Bridge Weekends—if attending a Bridge Weekend, please add \$15 to each payment)

1-Week Session	2-Week Session	3-Week Session	Vermont Overnight	New England Adventure
March \$270	March \$517	March \$824	March \$247	March \$570
April \$270	April \$517	April \$824	April \$247	April \$570
May \$270	May \$517	May \$824	May \$247	May \$570
June \$270	June \$517	June \$824	June \$247	June \$570
July \$270	July \$517	July \$824	July \$247	July \$570
Total \$1350	Total \$2585	Total \$4120	Total \$1235	Total \$2850

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 *(please be sure to include \$50 registration fee)*:

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: _____

IF YOU ARE REQUESTING FINANCIAL ASSISTANCE:

DEADLINE TO APPLY FOR FINANCIAL AID IS WITHIN TWO WEEKS OF CAMP REGISTRATION. YOUR APPLICATION MUST BE ACCOMPANIED BY A COPY OF YOUR 2019 FEDERAL TAX RETURN. IF YOU HAVE NOT COMPLETED YOUR 2019 TAXES, PLEASE SEND 2018 FEDERAL TAX RETURN AND 2019 W-2 FORMS. IF TAX FORMS ARE 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 TAX RETURN.**
- Arrangements have been made with an organization(s) to pay \$ _____ toward the camp fee.**
*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.***

◆ 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. A \$50 late fee will be added to your balance **10 days prior to your camp session** if your camp fee is unpaid. If it is not paid in full including the late fee by the **Tuesday** prior to arrival, registration will be cancelled and the spot offered to a camper on the wait list. (Late fee does not apply to those on payment plan whose payments are current.)

- I/We agree to pay the total Day Camp fee.**
 - o **\$50 registration fee for each program 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 **\$50 registration fee for each program 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
(does not include \$50 registration fee)

March	\$130
April	\$130
May	\$130
June	\$130
July	\$130
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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 *(please be sure to include \$50 registration fee)*:**
 - VISA**
 - MASTER CARD****Please print clearly**

Credit card #: _____ Expiration date on card: _____

CW (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: _____

IF YOU ARE REQUESTING FINANCIAL ASSISTANCE:

DEADLINE TO APPLY FOR FINANCIAL AID IS WITHIN TWO WEEKS OF CAMP REGISTRATION. YOUR APPLICATION MUST BE ACCOMPANIED BY A COPY OF YOUR 2019 FEDERAL TAX RETURN. IF YOU HAVE NOT COMPLETED YOUR 2019 TAXES, PLEASE SEND 2018 FEDERAL TAX RETURN AND 2019 W-2 FORMS. IF TAX FORMS ARE NOT RECEIVED, CAMPER REGISTRATION IS CANCELLED.

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 - o **I/We have completed the Financial Assistance Application with TAX RETURN.**
- Arrangements have been made with an organization(s) to pay \$_____ toward the camp fee.**
 - 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.***