

The Barton Center for Diabetes Education, Inc.

**CLARA BARTON CAMP, CAMP JOSLIN,  
& 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 **Monday** prior to arrival, registration will be canceled 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 \$20 to each payment)*

1-Week Session		2-Week Session		Vermont Overnight	
March	\$310	March	\$600	March	\$280
April	\$310	April	\$600	April	\$280
May	\$310	May	\$600	May	\$280
June	\$310	June	\$600	June	\$280
July	\$310	July	\$600	July	\$280
<b>Total</b>	<b>\$1550</b>	<b>Total</b>	<b>\$3000</b>	<b>Total</b>	<b>\$1400</b>

**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 2024 FEDERAL TAX RETURN. IF YOU HAVE NOT COMPLETED YOUR 2024 TAXES, PLEASE SEND 2023 FEDERAL TAX RETURN AND 2024 W-2 FORMS. IF TAX FORMS ARE NOT RECEIVED, CAMPER REGISTRATION IS CANCELED.**

- 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 **Monday** prior to arrival, registration will be canceled 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.**

**PAYMENT SCHEDULE**

*(does not include \$50 registration fee)*

Rainbow, Long Island, Worcester

Danvers Day Camp

March	\$130
April	\$130
May	\$130
June	\$130
July	\$130
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Total	\$650

March	\$104
April	\$104
May	\$104
June	\$104
July	\$104
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Total	\$520

**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 2024 FEDERAL TAX RETURN. IF YOU HAVE NOT COMPLETED YOUR 2024 TAXES, PLEASE SEND 2023 FEDERAL TAX RETURN AND 2024 W-2 FORMS. IF TAX FORMS ARE NOT RECEIVED, CAMPER REGISTRATION IS CANCELED.**

- I/We would like 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.**

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