

2008 BARRIE CAMP



CAMPER APPLICATION

13500 LAYHILL ROAD - SILVER SPRING - MARYLAND - 20906
 Phone - 301.576.2816 Fax - 301.576.2805 Tax ID# - 52-1336863



FAMILY INFORMATION

Parent 1: _____ Parent 2: _____
 Address: _____ Address: _____
 Daytime Phone: _____ Daytime Phone: _____
 Home Phone: _____ Home Phone: _____
 Cell Phone: _____ Cell Phone: _____
 Pager: _____ PIN #: _____ Pager: _____ PIN #: _____
 E-mail: _____ E-mail: _____
 Children Live With: Both Parents Parent 1 Parent 2 Other(name) _____

CAMPER ONE Weeks in Camp (check): 1 2 3 4 5 6 7 8
6/16 to 6/20 6/23 to 6/27 6/30 to 7/3 7/7 to 7/11 7/14 to 7/18 7/21 to 7/25 7/28 to 8/1 8/4 to 8/8

Name: _____
 Regular Camp (check weeks above)
 Specialty Camp Session I : _____
 Specialty Camp Session II : _____
(Program Names)
 Gender: M / F Date of Birth: _____
 Goes by (nickname): _____
 Grade Entering: _____ School: _____

TUITION

Regular or Specialty Camp: x \$355 = \$ _____
(through 3/31/08)
 Regular or Specialty Camp: x \$380 = \$ _____
(after 3/31/08)
 Riding Camp: x \$478 = \$ _____
 CCIT Program: x \$285 = \$ _____

No. of Weeks

x \$355 = \$ _____
 x \$380 = \$ _____
 x \$478 = \$ _____
 x \$285 = \$ _____

sub-total: \$ _____

CAMPER TWO Weeks in Camp (check): 1 2 3 4 5 6 7 8
6/16 to 6/20 6/23 to 6/27 6/30 to 7/3 7/7 to 7/11 7/14 to 7/18 7/21 to 7/25 7/28 to 8/1 8/4 to 8/8

Name: _____
 Regular Camp (check weeks above)
 Specialty Camp Session I : _____
 Specialty Camp Session II : _____
(Program Names)
 Gender: M / F Date of Birth: _____
 Goes by (nickname): _____
 Grade Entering: _____ School: _____

TUITION

Regular or Specialty Camp: x \$355 = \$ _____
(through 3/31/08)
 Regular or Specialty Camp: x \$380 = \$ _____
(after 3/31/08)
 Riding Camp: x \$478 = \$ _____
 CCIT Program: x \$285 = \$ _____

No. of Weeks

x \$355 = \$ _____
 x \$380 = \$ _____
 x \$478 = \$ _____
 x \$285 = \$ _____

sub-total: \$ _____

SERVICES

- Transportation*
- Transportation* with LATE BUS OPTION (includes fee for PM Supervision)
- Supervision - AM Only
- Supervision - PM Only
- Supervision - AM and PM

* If using the bus, please indicate:

Pickup Point: _____ Time: _____
 Dropoff Point: _____ Time: _____

FEES

No. of Campers No. of Weeks

x x \$98 = \$ _____
 x x \$113 = \$ _____
 x x \$44 = \$ _____
 x x \$61 = \$ _____
 x x \$77 = \$ _____

sub-total: \$ _____

(Add sub-totals and write TOTAL on reverse)

BARRIE DAY CAMP ENROLLMENT AGREEMENT

I hereby enroll the following children in Barrie Day Camp, whose full name as shown on reverse, are:

1) _____; and 2) _____.

I agree to pay for the above-named children the sum of \$ _____ in accordance with the Barrie Camp tuition and fee schedule for 2008.
TOTAL (from Page 1)

I am enclosing my payment for the entire amount specified above, or, authorizing the entire amount be charged as indicated below. I understand there is a \$50 charge for a returned check. I understand that there is a \$1 per minute charge for late pick-ups of campers from camp.

I understand that all tuition and fees to the Barrie Day Camp are payable as specified above and that no child may enter or continue to attend unless all tuition and fees are paid and all forms required by the Camp are complete and up-to-date, including a Barrie Camp Health History, Examination and Emergency Information Form.

I understand that my submission of this application does not in itself guarantee acceptance until it is accepted by the Camp. When accepted by the Camp, the Camp agrees to reserve space for the above-named child in the Barrie Day Camp for the exact period specified above.

I understand that the dates of enrollment specified above cannot be altered unless written acceptance of the change is granted by the Director of the Camp. I also understand that the camp will not alter the above dates without my consent. **I agree that no oral modifications to this agreement will be recognized.**

I understand that camp will be closed for the Independence Day holiday on **Friday, July 4, 2008** and there will be no adjustment of fees for that week.

I understand that if, for any reason, this application cannot be accepted by the Barrie Day Camp, no contractual relationship shall exist between us, and my money will be returned in full.

I understand and agree that enrollment is for the entire period specified above and that there will be **NO REFUNDS, credit, or remission of fees except as follows:**

If a camper is withdrawn from camp and the withdrawal is confirmed in writing by May 15, 2008, the Barrie Day Camp will refund or credit all tuition and fees except for the tuition for one week of camp.

In the event that the above-named child is unable to attend camp due to a serious and/or extended illness or injury that has been confirmed in writing by the child's physician, the Barrie Day Camp will refund or credit tuition for the number of consecutive days absent after the first five consecutive days of absence.

I understand that all programs are subject to change or cancellation at any time.

I hereby give my consent to the Barrie Day Camp and any agent acting on its behalf to secure and provide any medical attention that might be necessary and urgent during a time when I cannot be contacted by telephone. I further agree to accept responsibility for any medical expenses incurred on behalf of the above-named child under the conditions described above.

I understand and agree that the Camp Director shall retain the right to exclude any child from participating in any activity that, in his considered judgment, the child is not yet ready to participate in safely or where the child's participation at the time in question may interfere with the health, safety or well-being of others.

I understand that Barrie Day Camp is not responsible for any of my child's belongings that are lost, stolen or damaged.

I hereby give my permission to the Barrie Day Camp to use photographs, videotapes, and/or movies taken of the above-named child at camp for promotional use.

I have carefully read the above conditions of this agreement, fully understanding and accepting them as stated.

PRINT NAME: _____

Parent/Guardian 1

SIGNATURE: _____

DATE: _____



PRINT NAME: _____

Parent/Guardian 2

SIGNATURE: _____

DATE: _____

CARPOOLING: The camp has permission to include our family's contact information on Carpool Lists: YES NO

FAMILY INFORMATION: The camp has permission to share our contact information with other camp families: YES NO

GROUPING: Place Camper #1 in the same group with: 1) _____ 2) _____
Place Camper #2 in the same group with: 1) _____ 2) _____

METHOD OF PAYMENT: CHECK \$ _____ CHARGE (provide information below) CASH \$ _____

CARD #1: VISA MASTERCARD DISCOVER

AMOUNT TO BE CHARGED: \$ _____

CARDHOLDER (print) _____

CARD #: _____ EXP.: _____

SIGNATURE: _____

CARD #2: VISA MASTERCARD DISCOVER

AMOUNT TO BE CHARGED: \$ _____

CARDHOLDER (print) _____

CARD #: _____ EXP.: _____

SIGNATURE: _____

ENROLLMENT AGREEMENT ACCEPTED FOR THE BARRIE SCHOOL AND CAMP, A NON-PROFIT CORPORATION, BY:

NAME: _____ DATE: _____