



# Registration Form

(continued)

## CAMPER INFORMATION

Last \_\_\_\_\_  
 First \_\_\_\_\_  
 Middle \_\_\_\_\_  
 Birth Date \_\_\_\_\_  
 Sex:  Male  Female  
 School \_\_\_\_\_ Grade in School 07-08 \_\_\_\_\_  
 T-shirt size (please circle one):  
 Child | S • M • L | Adult | M • L • XL • XXL |

## PARENT INFORMATION

### Primary Guardian

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_ Employer Zip \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Other Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Custodial Contact  Billing Contact

### Secondary Guardian

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_ Employer Zip \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Other Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Custodial Contact  Billing Contact

## TRANSPORTATION INFORMATION

It is very important for us to know your child is arriving and departing from camp. If you will be using a combination of arrival and departure methods, please write a separate note with detailed information.

### 2008 BUS SCHEDULE

You MUST arrive at the bus stop 15 minutes prior to the listed time. Buses can NOT wait at these stops. If you are late you may catch the bus at the next stop. In the evening, your child will be dropped off at Camp Ketcha at the end of the run if you miss the bus for an additional charge of \$50.00. The times listed below indicate when the bus leaves that stop.

(Please circle your AM and PM choice.)

Bus Route 1	AM	PM	Addl. Info
Riverton School	7:40	5:10	In Bus Circle
Northgate Shopping Center	7:45	5:05	By Hollywood Video
Falmouth Shopping Center	8:05	4:50	Near Route 1 end
Presumpscot School	8:15	4:40	In Bus Circle
Cathedral School	8:25	4:30	On Cumberland Ave
Relche School	8:35	4:20	On Brackett St.
Camp Ketcha	8:55	4:00	

Bus Route 2	AM	PM	
Windham High School	7:30	5:25	Front Lot
Narragansett School	7:45	5:15	In Bus Circle
Westbrook Warren Church	7:55	5:00	In Back Lot
Sagamore Village	8:05	4:50	L-B.King—R.Sagamore
Longfellow Elementary School	8:20	4:40	On Stevens Ave.
USM Law School	8:25	4:30	On Deering Ave.
Westgate Shopping Center	8:30	4:25	
Governors Route 1	8:40	4:15	
Camp Ketcha	8:50	4:00	

Bus Route 3	AM	PM	
Saco Hannaford	7:40	5:15	
Anthem BC/BS in So.Po.	8:00	4:55	In Front
Unum H01 (front)	8:05	4:50	In Front
So. Portland High School	8:25	4:30	In Parking Lot
Brown School	8:30	4:25	In Bus Circle
Cape Elizabeth Middle School	8:40	4:15	
Camp Ketcha	8:55	4:00	

### HOW DID YOU HEAR ABOUT US?

- |   |                               |  |
|---|-------------------------------|--|
| <input type="checkbox"/> Word of Mouth                    | <b>Radio Station</b>          | <b>Brochure</b>                        |
| <input type="checkbox"/> Advertisement                    | <input type="checkbox"/> WPOR | <input type="checkbox"/> Mail          |
| <input type="checkbox"/> Summer Champs Camp Fair          | <input type="checkbox"/> WMGX | <input type="checkbox"/> Dunkin Donuts |
| <input type="checkbox"/> Summer Camp Fair at the Sheraton | <input type="checkbox"/> WJBQ | <input type="checkbox"/> School        |

## PAYMENT AGREEMENT

(Please sign the bottom of this section indicating that you accept the payment terms as stated in this brochure.)

I understand that the non-refundable deposit and the non-refundable annual membership fee are required for each child and must be included with the completed registration form. The cancellation policy requires that cancellation requests be made at least 3 weeks prior to the start of the session to qualify for a refund of the balance of the tuition for that session. I understand that any cancellation of less than 3 weeks notice is subject to a refund only according to the requirements of the cancellation policy in this brochure. If a camp session is canceled by Camp Ketcha, a full tuition refund will be made. Additional fees such as bus and Early/Late Care must be paid according to the payment schedule outlined in the payment schedule in this brochure. I understand that my child will not be allowed to attend any session of camp for which there is an outstanding balance. If my child's tuition will be paid in all or part by a third-party payer, including Summer Champs and DHS, I also understand that I am responsible for any difference between the amount the third party will pay and the total cost of tuition.

### PAYMENT METHOD

Check # \_\_\_\_\_ Check Amount \_\_\_\_\_  
 Credit card type:  MasterCard  Visa  
 Credit card number \_\_\_\_\_  
 CVC code \_\_\_\_\_ Expiration Date (mm/yyyy) \_\_\_\_\_  
 Name as it appears on card \_\_\_\_\_  
 Billing Address of card \_\_\_\_\_

I would like Camp Ketcha to charge my credit card on scheduled payment dates as outlined in the payment schedule and if an additional balance occurs thereafter.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I would like to apply for a scholarship. I have enclosed the required \$50 per session deposit and the membership fee. Please send a scholarship application with my confirmation packet. NOTE: Scholarships are determined by need. Only completed applications will be considered. Scholarship funding is dependant on the generosity of our donors and fundraisers. The total amount available for allocation will not be determined until late May 2008. Deadline: April 18, 2008.

My child will be part of the Summer Champs program of the Portland Public Schools. I have enclosed the required \$50 per session deposit and the membership fee. I understand that it is my responsibility to pay any difference between the Summer Champs allocation and my child's tuition prior to my child's enrollment, and that refund for tuition will be made once Camp Ketcha has been paid in full by Summer Champs.

My child's Summer Champs ID# \_\_\_\_\_

We are allocating \$ \_\_\_\_\_ of the \$800/\$1,000 Summer Champs award toward tuition at Camp Ketcha.

A third party will be paying all or part of my child's tuition. I have enclosed written authorization from the provider listed below indicating that my child's tuition allocation has been approved. I have enclosed the \$50 per session deposit and the membership fee. Once Camp Ketcha is paid in full by the organization or individual listed below my deposit will be refunded.

Name of Organization \_\_\_\_\_  
 Address \_\_\_\_\_

Contact Person \_\_\_\_\_  
 Phone \_\_\_\_\_

### Parent/Guardian Signature

\_\_\_\_\_ Date \_\_\_\_\_

