

2018 REGISTRATION FORM

CAMPER INFORMATION

Last Name _____
 First Name _____
 Middle _____
 Birth Date _____ Sex: Female Male
 School _____
 Grade in School 2017/2018 _____

PARENT INFORMATION

Primary Guardian

Last Name _____
 First Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____
 Occupation _____
 Employer _____
 Work Phone _____
 Cell Phone _____
 *E-mail _____

*(Required: confirmation sent via email)

Custodial Contact Billing Contact

Secondary Guardian

Last Name _____
 First Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____
 Occupation _____
 Employer _____
 Work Phone _____
 Cell Phone _____
 *E-mail _____

*(Required: confirmation sent via email)

Custodial Contact Billing Contact

Optional Question:

1. Does your child have an active Individualized Educational Plan (I.E.P.) at school? _____ YES _____ NO

Comments: _____

TRANSPORTATION INFORMATION

It is very important for us to know how 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.

2018 BUS SCHEDULE—WEEKS 1-8/\$60

You MUST arrive at the bus stop 15 minutes prior to the listed time. Buses will 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 \$100.00. The times listed below indicate when the bus leaves that stop.

(Please circle your AM and PM choices & fill in the bus cost on your registration.)

BUS ROUTE 1

	AM	PM	INFORMATION
Northgate Shopping Ctr.	7:45 AM	5:10PM	Near Firestation
Falmouth Shopping Ctr.	7:55 AM	5:00 PM	Near Route 1 end
Presumpscot School	8:10 AM	4:50 PM	In Bus Circle
Cathedral School	8:20 AM	4:40 PM	On Cumberland Ave.
Brown School	8:35 AM	4:25 PM	In Bus Circle
Cape Elizabeth H.S.	8:45 AM	4:15 PM	Front of Building
Camp Ketcha	9:00 AM	4:00 PM	

BUS ROUTE 2

	AM	PM	INFORMATION
Narragansett School	7:40 AM	5:30 PM	In Bus Circle
Westbrook Warren Church	7:50 AM	5:20 PM	In Back lot
Longfellow Elementary School	8:00 AM	5:05 PM	On Stevens Ave.
King Middle School	8:10 AM	4:55 PM	In Bus Circle
Westgate Shopping Ctr.	8:20 AM	4:45 PM	by ATM
UNUM HO1	8:30 AM	4:35 PM	Front of Building
Camp Ketcha	9:00 AM	4:00 PM	

How did you hear about us?

- | | | |
|--|-----------------------------------|--|
| | RADIO STATION | MAIL |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> WPOR | <input type="checkbox"/> WJBQ |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> WMGX | <input type="checkbox"/> Dunkin Donuts |
| | <input type="checkbox"/> Brochure | <input type="checkbox"/> School |

PLEASE RETURN ALL REGISTRATION FORMS TO:

Camp Ketcha c/o Registration
 336 Black Point Road
 Scarborough, Maine 04074
 Phone (207) 883-8977
 Email: Registration@campketcha.org

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 and non-transferable deposit and annual registration 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 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. All programs and 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 (May 1 for all June weeks, June 1 for all July weeks and July 1 for all August and September weeks). 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, and DHHS, I also understand that I am responsible for any difference between the amount the third party will pay and the total cost of tuition.

Parent/Guardian Permission

The Health history information listed on the Medical Form is correct. The child named above has permission to participate and engage in ALL camp activities. I understand these activities may include certain risks. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by Camp Ketcha to secure the proper treatment for my child at my expense. I also hereby give permission for photographs and other media materials to be used for promotional use by Camp Ketcha. These terms herein shall serve as the parent/guardian authorization, release, and assumption of risks for claims arising from incidents surrounding my child's participation in Camp Ketcha programs, for my child, my spouse, my heirs, executor, administration, assignees and all other members of my family.

Parent/Guardian Signature _____ Date _____

____ A third party organization (Department of Health and Human Services, Woodfords Family Services, etc) 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: _____

City, State Zip: _____

Contact person: _____

Phone: _____

Parent/Guardian Signature _____ Date _____

____ I would like to apply for a scholarship. I have enclosed the required \$50 per session deposit and the registration fee and my COMPLETED scholarship application. I will visit www.campketcha.org to download the scholarship application. Scholarship application deadline is April 17, 2018; we will not accept scholarship applications after this date. NOTE: Scholarships are determined by need. Only completed applications will be considered. Scholarship funding is dependent on the generosity of our donors and fundraisers. The total amount available for allocation will not be determined until early May 2018.

PAYMENT METHOD

All deposits and registration fee due at time of registration. Balance of each session due one month in advance.

Amount enclosed/to charge \$ _____

Check # _____ Visa MasterCard # _____ - _____ - _____

Exp. Date _____ - _____ (Month-Year) CVC Code _____

Name as it appears on card _____

Credit Card Signature _____

Billing Address of card _____

Automatic Payments: I authorize Camp Ketcha to charge my credit card (payment information must be filled in above) on scheduled payment dates as outlined in the payment schedule and if an additional balance occurs, thereafter. Signature required below for automatic payment authorization.

Parent/Guardian Signature _____ Date _____