



PO Box 332, Northeast Harbor, ME 04662 | Phone: (207)276-5039 Fax: (207)276-5655 | info@theneighborhoodhouse.com |    

CAMPER INFORMATION

FIRST/LAST NAME: _____ NICKNAME: _____

SEX: M F AGE AS OF 06/26/23: _____ BIRTHDAY: _____ GRADE ENTERING IN FALL: _____

CAMPER RESIDES WITH: BOTH MOTHER FATHER JOINT CUSTODY OTHER: _____

DOES THE CAMPER HAVE ANY KNOWN ALLERGIES?: YES NO

IF "YES," PLEASE SHARE: _____

DOES THE CAMPER HAVE ANY PHYSICAL, MENTAL, OR BEHAVIORAL ISSUES? YES NO

IF "YES," PLEASE SHARE: _____

HOW WOULD YOU DESCRIBE THE CAMPER'S SWIMMING ABILITY:

CANNOT SWIM NEW OR LEARNING COMFORTABLE SWIMMER STRONG SWIMMER

PARENT/GUARDIAN #1

NAME: _____ DAYTIME PH: _____ MOBILE PH: _____

RELATIONSHIP TO CHILD: _____

EMAIL: _____

PERMANENT MAILING ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN #2

NAME: _____ DAYTIME PH: _____ MOBILE PH: _____

RELATIONSHIP TO CHILD: _____

EMAIL: _____

PERMANENT MAILING ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACT (OTHER THAN TWO LISTED ABOVE)

NAME: _____ DAYTIME PH: _____ MOBILE PH: _____

RELATIONSHIP TO CHILD: _____

EMAIL: _____

PERMANENT MAILING ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

WAIVERS & RELEASES

GENERAL RELEASE

I hereby grant permission for my child to participate in all day camp activities run, organized, and supported by Neighborhood House Club, Inc. I understand activities may include off-site field trips along with associated transportation, active games, and out-door activities including swimming and hiking. I understand and acknowledge the risks, both known and unknown, and chance for injury associated with such activities. I hereby waive, release, absolve, indemnify and agree to hold harmless Neighborhood House Club, Inc., its respective directors, officers, agents, volunteers, and employees from any and all claims of liability for personal injury or property damage my child may incur as a result of participation.

I agree with the General Release

PHOTO RELEASE

I grant Neighborhood House Club, Inc permission to use images (photo and/or video) of my child during their participation in camp related activities, and that such images may be utilized within promotional or publicity efforts, social media, web-site use, etc. Identifying characteristics such as complete names will not be attached to any images/videos.

I agree with the Photo Release

Signature: _____

If filling out on a computer, you may insert an electronic signature or just type your initials

Date: _____

RATES & PAYMENT INFORMATION

| | Town of Mt. Desert Resident | | Non-Resident | |
|------------------|-----------------------------|--------|--------------|--------|
| | DAILY | WEEKLY | DAILY | WEEKLY |
| 1st Child | \$50 | \$190 | \$55 | \$225 |
| 2nd Child | \$45 | \$170 | \$50 | \$205 |
| 3rd Child | \$40 | \$150 | \$45 | \$185 |

NOTE: Our rates have not changed since 2017

PAYMENT INFORMATION

Credit cards, checks, and cash are all accepted forms of payment. Your first payment must be submitted with this completed application. We welcome payment in advance but will also mail periodic invoices throughout the summer. It is expected that all payments will be made in a timely manner.

A flexible automatic withdrawal option is also available. We are happy to work with you to choose a set amount which will be withdrawn from your account or charged to your card periodically until your balance is covered. This option allows families to stretch their payments out over a longer period of time. Download form here.

SUMMER "CAMPERSHIP" PROGRAM

The Neighborhood House offers a "Campership" program to assist those families for whom camp might not fit into the budget. The goal is to help bridge the gap between the full cost of camp and an amount that works for each family.

More information on the program as well as the simple, one-page application are available on our website, or you can pick a copy up at our main office. Please note that all Campership requests must be made no later than June 1, 2023. Please remember we also offer flexible payment options so that you can stretch payments out over time. We are more than happy to try and find a plan that works for every family-- all you need to do is ask!

SPONSOR A CHILD'S CAMP EXPERIENCE

The Board of Directors and staff of The Neighborhood House want to make sure that every child has an opportunity to attend camp, regardless of financial circumstances. Daily and weekly fees only cover a portion of the actual cost of a child participating in camp. For many families, the full fee (even though intentionally kept at or below the cost of similar programs) is difficult to incorporate into a budget. Your contribution helps bridge the gap and is a vote of confidence in the value of this long running program.

YES, I would like to sponsor a child for:

One Day (\$50)

One Week (\$190)

Two Weeks (\$380)

Full Summer (\$1,250)

Other: _____

ATTENDANCE

Please check all days your camper will be attending

| | MON | TUE | WED | THU | FRI |
|---------------|--------|---|--------|--------|--------|
| WEEK 1 | Jun 26 | Jun 27 | Jun 28 | Jun 29 | Jun 30 |
| WEEK 2 | Jul 3 |  CLOSED | Jul 5 | Jul 6 | Jul 7 |
| WEEK 3 | Jul 10 | Jul 11 | Jul 12 | Jul 13 | Jul 14 |
| WEEK 4 | Jul 17 | Jul 18 | Jul 19 | Jul 20 | Jul 21 |
| WEEK 5 | Jul 24 | Jul 25 | Jul 26 | Jul 27 | Jul 28 |
| WEEK 6 | Jul 31 | Aug 1 | Aug 2 | Aug 3 | Aug 4 |
| WEEK 7 | Aug 7 | Aug 8 | Aug 9 | Aug 10 | Aug 11 |
| WEEK 8 | Aug 14 | Aug 15 | Aug 16 | Aug 17 | Aug 18 |

CAMPER'S NAME: _____

Please indicate which group your camper will be enrolled in:

Scamper Camp

Age 3* thru entering Kindergarten *(must be fully toilet trained)*

Explorer Camp

Entering grades 1-3

Quest Club

Entering grades 4-6

TRANSPORTATION

It is assumed that the individuals listed on this form as Guardians or Contacts have permission to pick your child up. If others will be doing so, please provide us with their name and relationship to the camper. If your child's transportation routine changes, you should alert our main office (276-5039) and make sure the plans are clearly communicated to your child as well.

How will your child get to/from camp?

Camper will be dropped off / picked-up

Camper will ride bus (schedule available soon)

Camper will walk, ride bike, etc.

FIRST PAYMENT

Payment for your child's first week of camp (see page 2), plus a \$25 registration fee must be submitted with these forms ASAP. You may submit payment via credit/debit card over the phone by calling us at (207)276-5039, stopping by to pay with credit/cash/check, or mailing a check to: The Neighborhood House, PO Box 332, NE Harbor, ME 04662. If you applied for a Campership, please base this figure on your requested amount.

\$25 Registration Fee + \$_____ for first week of camp = \$_____ total due with application.

Example: If your child is attending camp for three full weeks, the amount due with application would be the \$25 registration fee, plus \$190 for their first week for a total of \$215.

RETURN COMPLETED FORM

Please double check that your form has been filled out completely.

Send the completed PDF form as an attachment to The Neighborhood House: info@theneighborhoodhouse.com

Print and send completed form to: The Neighborhood House, PO Box 332, NE Harbor, ME 04662, or drop off in person during normal business hours.



Authorization for Direct Payment via ACH (ACH Debits)

Return signed form to The Neighborhood House PO Box 332, NE Harbor, ME 04662

Direct Payment via ACH is the transfer of funds from a consumer account (including Savings, Checking, Money Market, or Credit/Debit Card) for the purpose of making a payment to The Neighborhood House for items such as contributions or activity and membership fees.

I (we) authorize The Neighborhood House to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debts¹) as follows (check only one):

Checking Account

(Money Markets are considered the same as checking accounts by financial institutions.)

Savings Account

Credit or Debit Card

IF YOU CHOSE CHECKING OR SAVINGS...

Depository Name: _____

Routing Number: _____ Account Number: _____

Set Amount of Debit(s) or Method of Determining: _____

Date(s) and/or Frequency of Debit(s): _____

IF YOU CHOSE CREDIT/DEBIT CARD...

Name on Card: _____

Card Number: _____ Expiration: _____ CVT: _____
MM/YY Security Code

Set Amount of Debit(s) or Method of Determining: _____

Date(s) and/or Frequency of Debit(s): _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify The Neighborhood House in writing that I (we) wish to revoke this authorization. I (we) understand that The Neighborhood House requires at least two weeks prior notice in order to cancel this authorization.²

Name(s) Printed: _____

Date: _____ Signature(s): _____

If filling out on a computer, you may insert an electronic signature or just type your initials

1. The NACHA Operating Rules do not require the consumer's express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or credits to correct errors.

2. Written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner stated in the authorization. The reference to notification should be filled with a statement of the time and manner that notification must be given in order to provide The Neighborhood House a reasonable opportunity to act on it.