

"e" inc.'s February Vacation Camp 2016 Registration Form

Thank you for choosing "e" inc.'s February Vacation Camp. We are excited to have you with us and we appreciate your interest in fostering a love of science and the natural world.

Camper

Full Name: _____ Gender: ___Male ___Female

Date of Birth (mm/dd/yy): _____ Age as of Sep 2015 _____

Address: _____

City: _____ State: _____ Zip Code: _____

To register more than one camper, please provide the name, gender and birth date of each additional camper:

Parent/Guardian 1

Name: _____ Relation to Camper: _____

Day Phone: _____ Cell Phone: _____

Address (if different from camper): _____

City: _____ State: _____ Zip Code: _____

Email: _____

Parent/Guardian 2

Name: _____ Relation to Camper: _____

Day Phone: _____ Cell Phone: _____

Address (if different from camper): _____

City: _____ State: _____ Zip Code: _____

Email: _____

Emergency Contact (other than parents)

Name: _____ Relation to Camper: _____

Day Phone: _____ Cell Phone: _____

Other than the adults listed above, I authorize "e" inc. to release my child to the following persons only:

Name: _____ Relation to Camper: _____

Name: _____ Relation to Camper: _____

Summer Schedule

Dates	Campers		Fee (Total Campers x \$300)
	Age 6 to 9	Age 10 to 12	
February 16-19			
Late Day Pick-Up Total			
Early Drop-Off Total			
Total Fee			

Registration

To submit completed forms:

- Scan and email to info@einc-action.org, or
- Mail to our office
 “e” inc.
 114 16th Street
 Room 1030
 Boston, MA 02129

Registrations are processed in the order they are received. Once processed, you will receive an email confirmation of your camper’s session(s).

Payment

- Payment can be made through the PayPal link on the “e” inc. website, or
- Via check
 - Please make all checks out to “e” inc.
 - Include camper’s name on check
 - Full payment is required to hold your camper’s spot
 - Payment plan possible – call “e” inc. (617-242-4700) for more details

Refund and Cancellation Policy

Refunds are not made for dismissal, failure to attend, absences or sick days. In the case of cancellations, 50% of the camp fee will be refunded if cancellations are received by **February 1, 2016**.

I have read and understand the camp refund and cancellation policies.

Parent/Guardian Signature: _____ Date: _____

