



Headfirst Camps & Programs

*-Enrollment Adjustment Form: Fees Apply-
One Form Per Camp Please*

This Form must be completed at least 2 week prior to the start date of the program.

Please complete this form if you want to do the following (Please check the box):

1. **I WANT TO SWITCH MY CAMPER TO A DIFFERENT SESSION DATE DURING THE SUMMER, BUT I WANT MY CAMPER TO STAY IN THE SAME PROGRAM**

-Switch your camper's registration from one week to another week of the same camp.

For example: this would be an even switch of half-day baseball camp to half-day baseball camp for another week. Or full day soccer camp to full day soccer camp for another week. This would be a switch in the same camp program.

2. **I WANT TO SWITCH MY CAMPER FROM A HALF DAY CAMP TO A FULL DAY CAMP**

-Extend your camper's day at camp from a half-day program to a full day program.

For example: this would mean that your camper is currently enrolled in a half-day program and you want to change his or her registration to a full day program.

3. **I WANT TO SWITCH MY CAMPER CURRENT CAMP REGISTRATION FOR AN ENTIRELY DIFFERENT CAMP PROGRAM**

-Change your camper's camp registration from one program to another program.

For example: If your camper is enrolled in the full day Baseball Camp and you want to make a switch for him or her to participate in the full day Cooking Camp program.

Please keep in mind that this will be allowed and based on availability, as some camp programs sell out. Also, some programs have different tuition's. So an increase in payment may be required.

PLEASE NOTE: THERE IS ALWAYS A FEE IF YOU CHOOSE ONE OF THE ABOVE OPTIONS. CREDIT CARDS (VISA OR MC) ARE ACCEPTED. YOUR ADJUSTMENT FORM CANNOT BE PROCESSED UNLESS YOU INCLUDE A CC NUMBER AND PAYMENT.

PLEASE ONLY USE ONE FORM PER CAMPER, PER WEEK OF CAMP THAT NEEDS ADJUSTING.

Please complete the following information & return to Headfirst one of two ways:

1) **Fax to:** (202) 249-1047

2) **Mail to:** 2440 Wisconsin Ave NW | Suite 201 | Washington, DC | 20007

Payment Options

1) Pay by Credit Card (Visa or MC Only)

Card #: _____ Exp Date: _____

Cardholder First Name: _____ Last Name: _____

Billing Information

Address _____ City _____ State _____ Zip _____

Amount to be charged to card: \$ _____ Signature: _____

*****Please note that Headfirst cannot guarantee that your option request can be fulfilled. We will inform you immediately if this request cannot be fulfilled.**

Adjustment Options

*Please complete this page and send along with page one
One form per camper please*

Camper Information

First Name: _____ Last Name: _____ Birth Date: _____

Parent Information

First Name: _____ Last Name: _____

Home Tel #: _____ Cell Tel #: _____ Email _____

Options (see Page 1 for the description of each option)

If Choosing Option #1 (Charge is \$15 per change):

Current Camp Program Name: _____ Current Camp Date: _____ New Camp Date: _____

Do you have Extended Care (Before or After Care) associated with your program? **Circle:** YES NO

If Choosing Option #2 (Charge is \$140 to change from half to full day camp):

Current Camp Program Name: _____ Current Camp Date: _____ Circle half to full day camp: YES?

Do you have Extended Care (Before or After Care) associated with your program? **Circle:** YES NO

If Choosing Option #3 (Charge is \$15 per change plus any additional charge if new program has higher tuition):

Current Camp Program Name: _____ Current Camp Date: _____

New Camp Program Name: _____ Which date would you like to attend this camp? _____

Do you have Extended Care (Before or After Care) associated with your program? **Circle:** YES NO

**Please make sure that you send this page along with page 1, which includes
your payment for the adjustment.**

**We cannot process your adjustment without page 1
or without payment included.**

We will email you a receipt once your request is processed.

Thank you. Any Questions: (202) 625-1921