

# BATH CAMP ADMITTANCE FORM

Date Admitted:	Day Time Telephone:	Camper #:
Parent Name:		
Email:		
Address:		
Address:		
City:	State:	Zip:
Hair Color/Style:		Eye Color:
Camper Name:	Circle: BOY or GIRL	Body Tag#:



www.cabbagepatchkids.com  
bath.camp@cabbagepatchkids.com

BATH & SURGERIES	Base Fees	Est. Fees	Parental Permission	Total	-SURGERIES CONTINUED	Fee	Est. Fees	Parental Permission	Total
Bath	\$30.00								
Runs (per in)	\$5.00				REPLACEMENTS				
FACE & HEAD									
Freckles	\$5.00								
Dimples	\$5.00								
Eyelashes	\$5.00								
Blush	\$5.00								
Earrings	\$5.00								
Hair Repair	\$7.00 - \$100.00				Subtotal→				
TORSO					DISMISSAL PROCEDURES				
Neck	\$10.00								
Shoulder	\$5.00				Parent to Pick Up				
Belly Button	\$7.50				Return Insurance				
Butt	\$5.00				Shipping fees will be calculated at the time of mailing				
Re-stamp if feasible	\$10.00				GA Tax-If Applicable				
ARMS	\$35.00				Total Charges				
LEGS	\$42.00				Amount Paid				
Elbow	\$5.00								
Hand/Fingers	\$12.00				Credit Card Information:				
Reattach Arm (1) from inside	\$26.50				Name(as it appears on credit card)				
Reattach Arm (1) from outside	\$7.50				Credit Card Number				
Knee (1)	\$5.00				Expiration Date				
Ankle (1)	\$7.50				Signature of card holder				
Toe/Foot	\$7.50								
Reattach leg (1) from inside	\$30.00								
Reattach leg (1) from outside	\$7.50								

BabyLand General® Hospital will not be responsible for loss or damage to the baby. The "parent" will be responsible for insuring the baby at all times, both in transit and while at BabyLand. Contact your insurance agent to determine coverage prior to entering into this agreement. Parent will be notified when "patient" is ready to come home. Arrangements for delivery or pickup of your baby must be made within 90 days of notification.

Parental Consent To Operate/Bathe:

Attending Physician: