

2009 Registration Agreement for Summer Trails Day Camp Inc

June 29 through August 20, 2009 (Closed July 3)



Box C

Granite Springs, NY 10527

PH: 914-245-1776 F: 914-245-1683

info@summertrailsdaycamp.com, www.summertrailsdaycamp.com

Camper Name

Camper Name		Birth Date	Gender M F
Name of School Attending		Grade Entering 9/09	T-Shirt Size
Home Address			
City	State	Zip	Home Phone
Mother's Name:	Last	First	Work Phone
	Cell	Email	Occupation
Father's Name:	Last	First	Work Phone
	Cell	Email	Occupation
Emergency Contact	Phone	Relationship to Camper	

Please Circle or Mark All Applicable Areas

Signature on the back of this form is required by a custodial Parent/Guardian.

2009 Programs, Dates and Tuition * June 29 - August 20 * closed July 3				
Program Selection	Four Week Camp Program		or	<input type="checkbox"/> 6WK <input type="checkbox"/> 7 WK <input type="checkbox"/> 8 WK Programs
Weeks Requested	6/29 - 7/24 or 7/27 - 8/20		Select Weeks - 1 2 3 4 5 6 7 8	
Days you are requesting for 3 Day Program -	Monday	Tuesday	Wednesday	Thursday Friday
Full Day Program	<input type="checkbox"/> Traditional Camp - 3 to 13 years old	<input type="checkbox"/> Baseball Camp - 8 to 13 years old		
	8 Weeks	7 Weeks	6 Weeks	4 Weeks
<i>Circle correct tuition</i>				
5 Day Program	\$4615	\$4330	\$3800	\$2850
3 Day Program	\$3100	\$2850	\$2550	\$1900
LIT Program - 14 years old & a 2008 Summer Trails Camper				
5 Day Program	\$3350	\$3150	\$2750	\$2275
Camp Transportation	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$110 Per Week Fee	
Half Day Program - Entering Nursey or Entering Kindergarten - Own Transportation only				<input type="checkbox"/> AM <input type="checkbox"/> PM
5 Day Program	\$2625	\$2500	\$2250	\$1800
3 Day Program	\$1890	\$1775	\$1675	\$1425
Extended Day Program - Both morning and evening programs available - Own Transportation only				
Both Morn. & Eve. 5 day	\$ 775	\$ 695	\$ 610	\$ 400
<u>Specific Mornings</u> 8:00-9:00AM - M T W T F			<u>Specific Evenings</u> 4:00-6:00PM - M T W T F	
Booked by June 1, \$8 per day...After June 1, \$10 per day			Booked By June 1, \$15 per day...After June 1, \$20 per day	
Southwoods 5 Day Sleep Away Program (Entering 5th-8th Grade. Must be enrolled in camp for week #6)				
3 Day a Week Camper Price \$ 650			5 Day a Week Camper Price \$ 550	

Please Complete Important Information on Back of Application

Camper Information

Has your child attended another camp before? Yes No Camp Name _____

2009 will be my child's _____ year at Summer Trails.

Group With (Kindly limit to two names) 1. _____ 2. _____

Does your child need an epi-pen? Yes No Does your child need an inhaler? Yes No

If you have signed up for Camp Transportation please list your cross streets _____ & _____

Guardian Authorization-This form MUST be signed below

1. A deposit of \$500 per child must accompany registration agreement. A \$300 tuition installment is due on February 1 and the balance is due on April 1st.
2. Deposits are 100% refundable until November 15. Deposits made after November 15 have a 10 day grace period. After November 15, or the 10 day grace period, and until April 1, there is a \$200 administrative fee. Deposits are not refundable after April 1.
3. A second child discount of \$25 per week is available for families enrolling in our full five day a week program.
4. No refunds for absences, withdrawals or change of enrollment will be made after June 1.
5. Campers are not permitted to substitute, change, or make up days missed from their selected program. Program changes prior to camp are subject to availability & must be submitted in writing to the office. If made after April 1, extensions must be accompanied by payment in full & reductions will be subject to a \$50 per week fee.
6. We give permission to the medical personnel selected by the camp to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, we give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the camper named on this agreement.
7. Parent represents they have provided the camper's history of physical, social, and/or mental medical condition, including allergies, surgical procedures, therapy programs, and/or regularly taken prescription medications.
8. Camp reserves the right to dismiss, in its sole discretion, any Camper whose condition, conduct, influence or behavior is deemed unsatisfactory or detrimental to the best interest of Camp or his/her fellow campers or who violates Camp rules and regulations, in which case no refunds will be made.
9. Permission is hereby granted for Summer Trails Day Camp Inc and for ventures directly related to Summer Trails Day Camp Inc to use for promotional purposes images of my child such as photographs, video and audio images or likenesses as well as statements, articles, names, music, art, photographs, audio recordings, films and videos created by my child originating from Summer Trails Day Camp Inc or from a camp related activity.
10. As parents, we understand the risks involved in Camp activities and that no environment is risk-free. We accept responsibility and grant permission for our child to participate in all Camp activities, program excursions and special outings as planned by the Camp. We are familiar with the Camp's policies and regulations and we have instructed our child on the importance of, and we agree to comply with, all Camp policies and regulations.
11. We agree to provide fully completed, accurate, and up to date medical forms that must be submitted by May 15, 2009. Camp reserves the right to refuse to have a child on property without such medical forms on file.
12. We agree that any claims, disputes or cause of action arising from or related to this agreement may only be brought and maintained in a court of competent jurisdiction located within the State of New York, County of Westchester, and Parent expressly submits to the jurisdiction of such courts. In the event of any such legal action, the prevailing party shall be awarded the costs of litigation including attorneys and expert witness fees.
13. This completed form as well as all other camp forms may be photocopied for trips out of camp.

PAYMENT METHOD

I have enclosed a check OR Please charge my Visa/MC/Amex in accordance with the Registration Agreement
Credit Card # _____ Expiration Date _____ Bill Card in February & April YES NO

Signature

Date

For Official Use Only

Date Received

Fee

Deposit

Balance

Check #