

2012 Registration Agreement for Summer Trails Day Camp Inc



June 25 through August 16, 2012 (Closed Wednesday July 4)

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 9/2012	T-Shirt Size
Home Address			
City	State	Zip	Home Phone
Parent Name:	Last	First	Work Phone
	Cell	Email	Occupation
Parent 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.

2012 Programs, Dates and Tuition * June 25 - August 16 * closed July 4					
Program Selection <u>Four Week Camp Program</u> or <input type="checkbox"/> 5 WK <input type="checkbox"/> 6 WK <input type="checkbox"/> 7 WK <input type="checkbox"/> 8 WK Programs					
Weeks Requested 6/25- 7/20 or 7/23- 8/16		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	5 Weeks	4 Weeks
<u>Circle correct tuition</u>					
5 Day Program	\$4995	\$4600	\$4150	\$3800	\$3250
3 Day Program	\$3375	\$3150	\$2825	\$2675	\$2200
LIT Program - 14 years old prior to start of camp season & a 2011 Summer Trails Camper					
5 Day Program	\$3650	\$3450	\$3100	\$2950	\$2700
Camp Transportation \$125 Per Week Fee <input type="checkbox"/> <input type="checkbox"/> 2-Week Baseball Camp \$1625 (select weeks above)					
Half Day Program - Entering Nursery or Entering Kindergarten - Own Transportation only <input type="checkbox"/> AM <input type="checkbox"/> PM					
5 Day Program	\$2850	\$2750	\$2475	\$2300	\$2050
3 Day Program	\$2125	\$1995	\$1850	\$1775	\$1625
Extended Day Program - Both morning and evening programs available - Own Transportation only					
<u>Both Morn. & Eve. 5 day</u>	\$850	\$775	\$700	\$625	\$525
<u>Specific Mornings 8:00-9:00AM</u> - M T W T F			<u>Specific Evenings 4:00-6:00PM</u> - M T W T F		
Booked by June 1, \$10 per day...After June 1, \$12 per day			Booked By June 1, \$18 per day...After June 1, \$24 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 _____

If Parents are divorced or separated: Who has legal Custody? _____ To whom should mailings and billings be sent? _____
Address of Parent who does not live with child _____

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 \$500 tuition installment is due on January 15th and March 1st and the balance is due on April 15th.
2. Deposits are 100% refundable until December 1. Deposits made after December 1 have a 10 day grace period. After December 1, or the 10 day grace period, and until April 15, there is a \$200 administrative fee. Deposits are not refundable after April 15.
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 15, 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, 2012. 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 Jan, March & April YES NO

Signature

Date

For Official Use Only

Date Received

Fee

Deposit

Balance

Check #