

Executive Office
1-800-301-2267



Summer Direct Line
(718) 983-7942

P.O. Box 70159 • Staten Island, N.Y 10307

ENROLLMENT FORM

CAMPER'S LAST NAME _____ PARENT'S LAST NAME (IF DIFFERENT) _____ CHILD(REN)'S FIRST NAME(S) _____

ADDRESS _____ ZIP CODE _____ CELL PHONE/NAME _____

HOME PHONE _____ DATES OF ATTENDANCE _____ SHIRT SIZE _____ E-MAIL ADDRESS _____

CHILD(REN)'S AGES AT START OF CAMP STAY _____ BUS PICK UP/DROP OFF POINT IF DIFFERENT FROM HOME ADDRESS _____

MOTHER'S BUSINESS/CELL PHONE _____ EMERGENCY NAME & PHONE _____

DO YOU WANT CAMP TO PROVIDE TRANSPORTATION? (FIVE DAY PROGRAMS ONLY) ___ YES ___ NO

FIVE DAY PROGRAM	PRICES EFFECTIVE THROUGH JANUARY 28th <u>FORMER CUSTOMERS</u>	PRICES EFFECTIVE THROUGH FEBRUARY 11th <u>EARLY ENROLLMENT</u>	<u>REGULAR SEASON</u> RATE
8 WEEKS	\$2,625.00	\$2,700.00	\$2,750.00
7 WEEKS	\$2,575.00	\$2,650.00	\$2,700.00
6 WEEKS	\$2,400.00	\$2,450.00	\$2,500.00
5 WEEKS	\$2,225.00	\$2,250.00	\$2,290.00

***ALL CAMP STAYS OF FIVE WEEKS OR GREATER, THE CLIENT IS ALLOWED A ONE WEEK BREAK IN THE CAMP STAY, IF DESIRED, AND THEN THE CAMP STAY CAN BE CONTINUED UNTIL COMPLETION.

4 WEEK (5 DAY WEEK) \$1,775.00 \$1,800.00 \$1,850.00

SESSION I (7/2-7/27) *SESSION II* (7/30-8/24)
PLEASE CIRCLE THE FOUR WEEK SESSION DESIRED

THREE DAY (TRANSPORTATION IS NOT AVAILABLE WITH A THREE DAY PROGRAM**)
THREE DAY CAMP WEEK PROGRAM \$1,600.00 \$1,675.00 \$1,700.00**

**(THERE IS A FOUR WEEK MINIMUM STAY, YOU MAY SELECT THE 3 DAYS YOU DESIRE,
BUT THEY MUST REMAIN CONSTANT.)**

SESSION I (7/2-7/27) **SESSION II** (7/30-8/24) **DAYS DESIRED** _____

EACH ADDITIONAL TWO WEEK ADD ON FOR THE THREE-DAY PROGRAM IS \$600 PER BLOCK

***PARENTS PROVIDING THEIR OWN TRANSPORTATION CAN DEDUCT
\$20.00 PER FAMILY PER WEEK (FIVE DAY WEEK)

OPTIONAL EXTENDED HOURS PROGRAM

Morning Session 7:30 AM - 8:45 AM \$8.00 per session
Afternoon Session 4:00 PM - 5:30 PM \$8.00 per session

CAMP DEPOSIT - \$200.00 PER CHILD NON REFUNDABLE DEPOSIT

CAMP POLICY

STATEN ISLAND DAY CAMP HAS SIGNIFICANT SET UP COSTS, THEREFORE, PARENTS AGREE TO THE FOLLOWING: THE REGISTRATION CAN ONLY BE CONSIDERED COMPLETED WITH THE RETURN OF A SIGNED ENROLLMENT FORM. ALL DEPOSITS ARE NON-REFUNDABLE REGARDLESS OF THE DATE OF THE DROP. CHANGES IN CAMP STAY DATES AND/OR THE LENGTH OF A CAMP STAY MAY NOT BE MODIFIED AFTER MAY 17th. THERE WILL BE NO REFUND OF MONEY FOR A SHORTENED CAMP STAY AFTER MAY 17TH. THERE WILL BE NO REFUND OF MONEY FOR DROPPING TRANSPORTATION AFTER MAY 17th. BUS PICK UP AND DROP OFF MUST REMAIN CONSISTENT FOR THE ENTIRE CAMP STAY. CHANGING BUS PICK UP OR DROP OFF LOCATION AFTER MAY 17th CAN ONLY BE DONE IF SPACE ON THE DIFFERENT VEHICLE IS AVAILABLE. THERE WILL BE NO REFUND IF SPACE ON A NEW VEHICLE IS NOT AVAILABLE AFTER MAY 17th. STATEN ISLAND DAY CAMP IS NOT RESPONSIBLE FOR BUS AM OR PM TIMES. THERE WILL BE NO REFUND AFTER MAY 17th DUE TO THE PARENTS OR GUARDIANS FINDING BUS TIMES UNACCEPTABLE. TRANSPORTATION CAN BE ACCOMMODATED AT OTHER THAN THE HOME ADDRESS, HOWEVER BOTH THE AM AND PM ADDRESS MUST BE THE SAME. DOOR TO DOOR TRANSPORTATION MAY NEED TO BE MODIFIED DUE TO ROAD ACCESSABILITY AND/OR CONSTRUCTION. PROPER AND SAFE BUS BEHAVIOR MUST BE ADHERED TO BY ALL CAMPERS. INAPPROPRIATE BUS BEHAVIOR WILL RESULT IN THE REMOVAL OF A CAMPER FROM OUR TRANSPORTATION PROGRAM WITH NO REFUND FOR UNUSED BUS DAYS. CAMPER MEDICALS MUST BE IN OUR OFFICE BY JUNE 15th. CAMPERS WILL NOT BE ABLE TO ATTEND CAMP WITHOUT A COMPLETED AND SIGNED MEDICAL ON RECORD. THERE WILL BE NO MAKE UP OF DAYS LOST DUE TO AN ABSENT OF A SIGNED AND COMPLETED CAMPER MEDICAL BY JUNE 15th. THE PRESENCE OF A CAMPER MEDICAL IS GOVERNED BY THE NEW YORK CITY DEPARTMENT OF HEALTH. DAYS LOST DUE TO CAMPER ILLNESS OR ANY OTHER REASON WILL NOT BE MADE UP. THERE WILL BE NO REFUND OF CAMP TUITION FOR ANY REASON AFTER MAY 17th. EXTENSION WEEKS WILL BE CALCULATED ON IN SEASON RATES. HOUSEHOLDS TAKING A 5 WEEK CAMP STAY OR LONGER MAY HAVE A WEEK GAP IN SAID CAMP STAY. CAMP TUITION IS THE RESPONSIBILITY OF THE SIGNER OF THE ENROLLMENT FORM. THE CAMP IS NOT RESPONSIBLE FOR THE REPLACEMENT OF BROKEN OR LOST ITEMS BROUGHT TO CAMP. THE CAMP PROHIBITS THE USAGE OF CELL PHONES AT CAMP INCLUDING ON CAMP BUSES. CAMPERS CAUGHT USING A CELL PHONE WILL HAVE THAT PHONE CONFISCATED UNTIL THE END OF THE CAMP DAY. RETURNED CHECKS WILL RESULT IN A \$35 SERVICE FEE ON TOP OF THE CAMP TUITION. PICTURES TAKEN AT CAMP ARE THE PROPERTY OF THE CAMP AND MAY BE USED IN FUTURE ADVERTISING. PARENTS WHO ABUSE OUR EXTENDED HOURS WILL RESULT IN A CAMPER BE REMOVED FROM THE PROGRAM. IN ADDITION THERE IS A \$35 FEE PER HALF HOUR FOR PARENTS ARRIVING AFTER 5:30 WHEN PM HOURS CONCLUDE. THE CAMP RESERVES THE RIGHT, AT ITS DISCRETION, TO TERMINATE ANY CAMPER, PARENT OR GUARDIAN FOR ANY INAPPROPRIATE BEHAVIOR WHICH MAY BE DETRIMENTAL TO OTHER CAMPERS OR THE SAFETY OF A CAMPER ENROLLED IN THE CAMP PROGRAM. ALL TUITION MUST BE SATISFIED BY MAY 17th UNLESS YOU ARE ON AN APPROVED STATEN ISLAND DAY CAMP PAYMENT PLAN. ALL PARENTS ON A CREDIT CARD PLAN WILL HAVE THEIR TUITION PAYMENTS PROCESSED ON THE FIRST OF EVERY MONTH PURSUANT TO THE APPROVED PAYMENT PLAN SCHEDULE.

★ PARENT'S SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

CONTRACT PRICE \$ _____
EXTENDED DAY PRICE AM [] PM [] \$ _____
TRANSPORTATION DISCOUNT \$ _____
SIBLING DISCOUNT \$ _____
DEPOSIT - CHECK [] CREDIT CARD [] OTHER [] \$ _____
BALANCE \$ _____

CREDIT CARD NUMBER _____
NAME ON CREDIT CARD _____
ADDRESS ASSOCIATED WITH CARD _____
CHECK ONE [] VISA [] MASTERCARD EXPIRATION DATE _____ 3 DIGIT SECURITY CODE _____

TAX ID# 22-2334399 (Camp Tuition is Tax Deductible Under Certain Conditions)

PERSONAL INFORMATION: Please use the space below for any suggestions or information you feel pertinent to your child/children's adjustment to camp. Please indicate any special problems, such as allergies, medicines, foods, or any fears that your child may have that might prevent him/her from enjoying camp.

If possible, please place my child with _____

EMERGENCY MEDICAL INFORMATION (Please complete accurately and sign)

Home Phone Number _____ Home Address _____

Mother's Business/Cell Phone _____ Father's Business/Cell Phone _____

Emergency Contact Name & Phone _____

Physician's Name _____ Phone _____

If I cannot be reached in case of an emergency please contact:

1. Name _____ Phone/Cell _____ Relationship _____

2. Name _____ Phone/Cell _____ Relationship _____

In the event that you cannot be contacted in an emergency, you hereby grant permission to the EMS Dispatched Vehicle to take your child to a hospital for treatment.

 SIGNATURE OF PARENT OR GUARDIAN: _____ DATE _____

MANDATORY: WE MUST HAVE AT LEAST ONE PERSON OTHER THAN THE SIGNER OF THE ENROLLMENT FORM LISTED

CAMP RELEASE SECTION (Please complete accurately and sign)

_____ CHILD/CHILDREN'S FIRST AND LAST NAME

I _____ give permission for my child/children to be released to the
PARENT NAME (PLEASE PRINT)

following people:

NAME

PHONE/CELL NUMBER

*****MOTHERS AND FATHERS ARE NOT AUTOMATICALLY ASSUMED ELIGIBLE FOR CAMPER RELEASE UNLESS LISTED ABOVE*****

 SIGNATURE REQUIRED - _____

THANK YOU FOR COMPLETING THIS FORM SO WE MAY PROVIDE YOUR CHILD WITH THE ULTIMATE SAFE SUMMER CAMP EXPERIENCE

STATEN ISLAND DAY CAMP, INC.

***** (PLEASE TURN PAGE, READ AND SIGN SWIM CONSENT FORM) *****



STATEN ISLAND DAY CAMP

P.O. Box 70159
Staten Island, New York 10307

VISIT US AT www.statenislanddaycamp.com

SWIM PROGRAM PERMISSION SLIP

AS PART OF THE REQUIREMENTS OF THE NEW YORK CITY DEPARTMENT OF HEALTH WE NEED YOUR CONSENT TO ALLOW YOUR CHILD/CHILDREN TO PARTICIPATE IN OUR SWIM PROGRAM. PLEASE COMPLETE THE FOLLOWING CONSENT FORM INCLUDING ALL INFORMATION AND SIGNATURE.

CAMPER(S) NAME(S) _____

PARENT NAME _____

I GIVE PERMISSION FOR MY CHILD/CHILDREN TO PARTICIPATE IN THE SWIM PROGRAM AT STATEN ISLAND DAY CAMP. I FURTHER ACKNOWLEDGE THAT THE SWIM PROGRAM WILL BE HELD ON TUESDAYS, WEDNESDAYS AND THURSDAYS AT THE COLLEGE OF STATEN ISLAND. THE PROGRAM WILL BEGIN ON JULY 5th AND CONCLUDE ON AUGUST 11th.

PARENTS SIGNATURE _____ **DATE** _____

I **DO NOT** GIVE PERMISSION FOR MY CHILD/CHILDREN TO PARTICIPATE IN STATEN ISLAND DAY CAMPS' SWIM PROGRAM.

PARENTS SIGNATURE _____ **DATE** _____