



2011 APPLICATION

P.O. Box 176 • 234 Conclintown Road • Ringwood, NJ 07456 • (973) 831-9000

Mitchell and Michelle Kessler, Owners/Directors

DAY CAMP

MANHATTAN - UPPER WEST SIDE

www.springlakedaycamp.com



Prices Valid Until January 15, 2011

FOR OFFICE USE ONLY

D.R. _____
CK _____
REC# _____
REC# _____
D. A/R _____
DEP _____
TUIT _____
CRED _____
TUIT2 _____
CRED 2 _____

FAMILY INFORMATION

Family Name _____ Home Phone _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Family E-Mail _____ **Yes**, I want our address & phone number available to other families in my child(ren)'s group(s).

PARENT INFORMATION

Mother's Last Name _____ First _____

Bus. Phone _____ Cell Phone _____

Fax _____ E-Mail _____

Father's Last Name _____ First _____

Bus. Phone _____ Cell Phone _____

Fax _____ E-Mail _____

Parent's Marital Status: Married Divorced Separated Single Other _____

Additional mailing to go to: _____

CAMPER NAMES

1st Child _____ Grade (as of Sept. **2011**) _____

2nd Child _____ Grade (as of Sept. **2011**) _____

3rd Child _____ Grade (as of Sept. **2011**) _____

4th Child _____ Grade (as of Sept. **2011**) _____

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TRANSPORTATION INFORMATION - Please fill out transportation section for each camper.

Special Transportation Needs: _____

EMERGENCY CONTACT INFORMATION: In the event of an emergency, we will attempt to contact a parent.

Please provide two additional people who have authority to make all decisions regarding your child(ren) if we are unable to reach a parent.

1st Contact _____ **Relationship** _____ **Phone** _____ **Cell** _____

2nd Contact _____ **Relationship** _____ **Phone** _____ **Cell** _____

SPRING LAKE DAY CAMP - METHOD OF PAYMENT AND TERMS & CONDITIONS

DEPOSIT DUE WITH THIS ENROLLMENT APPLICATION - 2ND DEPOSIT DUE JANUARY 15, 2011 - FULL BALANCE DUE APRIL 15, 2011

METHOD OF PAYMENT: Please choose one.

    **CHECK**
Make checks payable to Spring Lake Day Camp

ACH - DEBIT
Bank Routing # _____
Acct # _____
Check # _____

PAYMENT AMOUNT AUTHORIZATION: Please check all that apply.

- Deposit of \$750 per camper is due with application.
 Register by October 30, 2010 and receive early enrollment discount of \$100 off per camper.
 Pay balance in full by October 30, 2010 and receive \$150 off per camper.
 Pay balance in full by January 15, 2011 and receive \$100 off per camper.
 2nd tier deposit of \$1,000 per camper is due January 15, 2011.
 Pay balance in full by April 15, 2011.

FOR OFFICE USE ONLY

DATE _____ AMT _____
DATE _____ AMT _____
DATE _____ AMT _____

Spring Lake Day Camp will automatically charge the 2nd tier deposit and balance due to the credit card on file unless we are notified prior to January 15, 2011 and April 15, 2011 with a different credit card or form of payment.

Please provide the requested information and sign below to authorize Spring Lake Day Camp to charge your credit card for the amount(s) indicated.

Card Number _____ Exp. Date (month/date) _____
Billing Address _____ City _____ State _____ Zip _____
Cardholder Name (please print) _____ Signature _____

SLDC • P.O. Box 176 • 234 Conclintown Road • Ringwood, New Jersey 07456 • phone: (973) 831-9000 • fax: (973) 831-9174

TERMS OF AGREEMENT: BALANCE DUE April 15, 2011

- PAYMENT AND CANCELLATION:** \$750 deposit per camper to accompany application. 2nd tier deposit of \$1,000 per camper is due January 15th. All cancellations must be in writing. All tuition payments are fully refundable less the following cancellation fees: \$250 per camper if cancellation is received by April 15th; \$500 per camper if cancellation is received between April 16th and June 1st; \$750 per camper if cancellation is received after June 1st until the start of your camp session. There are no refunds for absences, change of sessions or withdrawals after your camp session begins. Change of session is subject to availability. Upon cancellation, deposit will not be applied toward tuition of another family member. Unless notified, credit card payments will be automatically billed as per terms and conditions above.
- RULES AND REGULATIONS:** The camper ("Camper") and parent(s) ("Parent") agree to abide by all of the rules and regulations established by Spring Lake Day Camp ("Camp"), including, without limitations, those relating to enrollment and withdrawal of campers and visitation.
- DISMISSAL OF CAMPER:** The 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 fellow campers or who violates camp rules and regulations, in which case no refunds will be made.
- REFUNDS:** Refunds will be made after five (5) consecutive days of absence due to illness. This must be verified by a physician, and no refund will be made for the first five (5) days of absence or for any non-consecutive absences.
- MEDICAL CARE:** Parent grants permission to the physician or nurse selected by Camp to render whatever treatment (including dental and orthodonture) Camp deems necessary in case of an emergency.
- MEDICAL FORMS: MEDICAL FORMS MUST BE VALID THROUGH THE CURRENT CAMP CALENDAR YEAR.** Accurate and up to date Medical Forms must be submitted by April 15, 2011 or sooner, and date of annual physical must not expire within current camp calendar year. Camp reserves the right to not pick up campers without a current medical form on file. I authorize the physician or nurse selected by Camp to render whatever treatment he/she may deem necessary in case of an emergency. Camp carries excess camper accident medical insurance coverage.
- CAMPER MEDICAL INFORMATION:** Parent must inform the nurse and/or director prior to registration if Camper has received professional counseling or medication for behavioral modification during the last 12 months. Parent must also inform the nurse and/or director immediately if such care or medication occurs after registration and prior to the camp season. If you plan to take your child off prescribed medication for the camp season, you must discuss this with the nurse and/or director prior to enrolling your child in camp. Failure to inform the nurse and/or director may lead to dismissal of Camper from Camp, and, in the event of such dismissal, there will be no refund.
- IMAGES, ETC:** Permission is hereby given for Camp to use in promoting the Camp and in other ventures directly relating to the Camp (i) Camper's photographs, video and audio images or likenesses, and (ii) statements, articles, names, music, art, photographs, audio recordings, films and videos created by Camper and originating from Camp or from a Camp-related activity.
- BELONGINGS:** Camp is not responsible for Camper's belongings or equipment while in transit or at Camp.
- VISITING & TRANSPORTATION CHANGES:** Visiting is by appointment only. Proper ID is required at front gate. Requests for daily van changes are only made for priority reasons and will only be honored if there is room on the requested van. Requests should be made in advance in writing and should be received no later than 11 AM. Parent pick-up of children at camp should not be after 3:00 PM unless prior notification has been given. See Parent Handbook for details.
- COLLECTION COSTS:** If payment is not made on time, the Camp reserves the right to charge a late fee of \$100 per month. Parent or Legal Guardian shall be liable for all costs of collection, including attorney's fees, if tuition and fees are not paid in full.
- DISPUTES:** All claims or disputes arising from or related to this Agreement shall be brought and maintained in the courts of the State of New Jersey, and Parent expressly submits to the jurisdiction of such courts. Any individual bringing legal action against Camp, which action is decided in favor of Camp will be responsible for all legal fees, court cost and out-of-pocket expenses of Camp, its owners and employees.

PERMISSION TO PARTICIPATE: Parent grants Camper permission to participate in all Camp activities including the adventure challenge course, climbing wall, zip line and Eurobungy except if notified to the contrary. Parent agrees to allow Camp to take Camper on excursions and special outings outside of camp should the need arise.

PARENT OR GUARDIAN'S SIGNATURE _____ **DATE** _____

The parent or guardian who signs this enrollment application agrees to all the terms listed above and represents that he/she has full authority to do so and will be responsible for payment of all camp fees.

Name of 1st Camper _____

_____ Last _____ First _____ Nickname (if any) _____

Male Female Birth Date _____ Age (as of Sept. **2011**) Years _____ Months _____

Current Grade _____ School _____ Grade (as of Sept. **2011**) _____ School _____

Last Camp Child Attended _____ Year _____ # of Yrs at Spring Lake _____ Year Started _____

T-Shirt Size: Youth: XS (4-6) S (6-8) M (10-12) L (14-16) Adult: S M L XL

LAST YEAR'S GROUP _____ If possible, I would like my child placed with: _____
(must be entering the same grade - **ONE REQUEST ONLY**)

PLEASE CHECK SESSION:

Full Day Program: Ages: 4 - 15 (pre-K to entering 10th grade)
9:00 a.m. to 4:00 p.m. Mon. - Fri.

- | | | |
|--|---------------------|--------|
| <input type="checkbox"/> Full Session (8 weeks) | June 27 - August 18 | \$6195 |
| <input type="checkbox"/> Any 7 Weeks - List week not attending _____ | | \$5995 |
| <input type="checkbox"/> First 6 Weeks | June 27 - August 5 | \$5695 |
| <input type="checkbox"/> Any 6 Weeks - List weeks not attending _____ | | \$5695 |
| <input type="checkbox"/> Any 5 Weeks - List weeks not attending _____ | | \$4995 |
| <input type="checkbox"/> First 4 Weeks | June 27 - July 22 | \$3995 |
| <input type="checkbox"/> Second 4 Weeks | July 25 - August 18 | \$3895 |
| <input type="checkbox"/> Leadership Training Program (entering 10 th grade) Full Session Only | | \$2995 |

TUITION INCLUDES:

- Air-Conditioned, Seat Belted Mini-Bus Transportation
- Catered Hot Lunch with Daily Substitutes and Salad Bar
Spring Lake adheres to a nut-aware policy.
- Morning and Afternoon Snacks Provided Daily
- 2 Uniform Camp Shirts plus Group Photo

	First 4 Weeks					Second 4 Weeks					
	M	T	W	T	F	M	T	W	T	F	
Week 1	27	28	29	30	1	Week 5	25	26	27	28	29
Week 2	X	5	6	7	8	Week 6	1	2	3	4	5
Week 3	11	12	13	14	15	Week 7	8	9	10	11	12
Week 4	18	19	20	21	22	Week 8	15	16	17	18	19

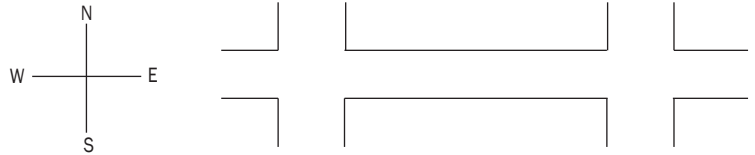
TRANSPORTATION INFORMATION

MUST BE COMPLETED FOR VAN PICK-UP

- Show exact location of building by marking map with an X.
- Fill in all streets bordering your building.
- If one way street, indicate with an arrow which direction.
- Can your child get off the van and enter the building without an adult present? Yes No

We live between these two streets: _____ and _____

Note: Transportation will be door to door if possible or nearest corner.



TRANSPORTATION COMMENTS: _____

CAMPER HEALTH INFORMATION

Please complete this section IN ADDITION to a medical form which will be mailed to you separately. Nurses cannot treat a child at camp without an updated medical form, therefore, one must be submitted prior to camp in order for your child to attend Spring Lake Day Camp.

Camper's Doctor _____ Phone _____

Please indicate any significant health problems _____

ALLERGIES: None Dairy Soy Peanuts Tree Nuts Wheat Insect Stings Bee Stings
 Hay Fever Penicillin Poison Ivy Other _____

My child requires use of the following emergency medication: Epipen Inhaler Other _____

Does child take any medication to be administered by camp nurse and/or director? YES NO

If so, what kind? _____

Please list any special services that your child receives during the school year _____

Eating Habits (Please indicate any food allergies) _____

Please have the nurse contact me before camp begins. Notes: _____

American Red Cross Swim Level & Remarks _____

Activities to be encouraged _____

Name of 2nd Camper _____

_____ Last _____ First _____ Nickname (if any) _____

Male Female Birth Date _____ Age (as of Sept. 2011) Years _____ Months _____

Current Grade _____ School _____ Grade (as of Sept. 2011) _____ School _____

Last Camp Child Attended _____ Year _____ # of Yrs at Spring Lake _____ Year Started _____

T-Shirt Size: Youth: XS (4-6) S (6-8) M (10-12) L (14-16) Adult: S M L XL

LAST YEAR'S GROUP _____ If possible, I would like my child placed with: _____
(must be entering the same grade - **ONE REQUEST ONLY**)

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- | | | |
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- 2 Uniform Camp Shirts plus Group Photo

SECOND CHILD CREDIT:

- Second child credit for 8 WEEKS.....\$250
- Second child credit for 7 WEEKS.....\$225
- Second child credit for 6 WEEKS.....\$200
- Second child credit for 5 WEEKS.....\$175
- Second child credit for 4 WEEKS.....\$125

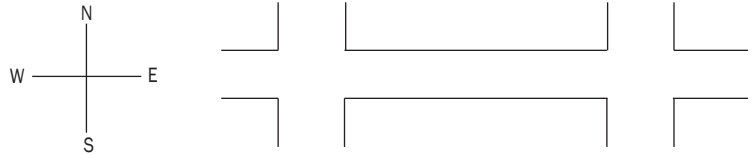
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MUST BE COMPLETED FOR VAN PICK-UP

- Show exact location of building by marking map with an X.
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- If one way street, indicate with an arrow which direction.
- Can your child get off the van and enter the building without an adult present? Yes No

We live between these two streets: _____ and _____

Note: Transportation will be door to door if possible or nearest corner.



TRANSPORTATION COMMENTS: _____

CAMPER HEALTH INFORMATION

Please complete this section IN ADDITION to a medical form which will be mailed to you separately. Nurses cannot treat a child at camp without an updated medical form, therefore, one must be submitted prior to camp in order for your child to attend Spring Lake Day Camp.

Camper's Doctor _____ Phone _____

Please indicate any significant health problems _____

ALLERGIES: None Dairy Soy Peanuts Tree Nuts Wheat Insect Stings Bee Stings
 Hay Fever Penicillin Poison Ivy Other _____

My child requires use of the following emergency medication: Epipen Inhaler Other _____

Does child take any medication to be administered by camp nurse and/or director? YES NO

If so, what kind? _____

Please list any special services that your child receives during the school year _____

Eating Habits (Please indicate any food allergies) _____

Please have the nurse contact me before camp begins. Notes: _____

American Red Cross Swim Level & Remarks _____

Activities to be encouraged _____

Name of 3rd Camper _____

_____ Last _____ First _____ Nickname (if any) _____

Male Female Birth Date _____ Age (as of Sept. **2011**) Years _____ Months _____

Current Grade _____ School _____ Grade (as of Sept. **2011**) _____ School _____

Last Camp Child Attended _____ Year _____ # of Yrs at Spring Lake _____ Year Started _____

T-Shirt Size: Youth: XS (4-6) S (6-8) M (10-12) L (14-16) Adult: S M L XL

LAST YEAR'S GROUP _____ If possible, I would like my child placed with: _____
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- | | | |
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THIRD CHILD CREDIT:

- | | |
|---|-------|
| <input type="checkbox"/> Third child credit for 8 WEEKS | \$300 |
| <input type="checkbox"/> Third child credit for 7 WEEKS | \$275 |
| <input type="checkbox"/> Third child credit for 6 WEEKS | \$250 |
| <input type="checkbox"/> Third child credit for 5 WEEKS | \$200 |
| <input type="checkbox"/> Third child credit for 4 WEEKS | \$150 |

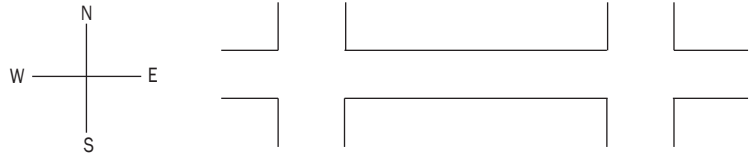
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TRANSPORTATION COMMENTS: _____

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Camper's Doctor _____ Phone _____

Please indicate any significant health problems _____

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 Hay Fever Penicillin Poison Ivy Other _____

My child requires use of the following emergency medication: Epipen Inhaler Other _____

Does child take any medication to be administered by camp nurse and/or director? YES NO

If so, what kind? _____

Please list any special services that your child receives during the school year _____

Eating Habits (Please indicate any food allergies) _____

Please have the nurse contact me before camp begins. Notes: _____

American Red Cross Swim Level & Remarks _____

Activities to be encouraged _____

Name of 4th Camper _____

Last _____ First _____ Nickname (if any) _____

Male Female Birth Date _____ Age (as of Sept. 2011) Years _____ Months _____

Current Grade _____ School _____ Grade (as of Sept. 2011) _____ School _____

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T-Shirt Size: Youth: XS (4-6) S (6-8) M (10-12) L (14-16) Adult: S M L XL

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FOURTH CHILD CREDIT:

- Fourth child credit for 8 WEEKS.....\$500
- Fourth child credit for 7 WEEKS.....\$450
- Fourth child credit for 6 WEEKS.....\$350
- Fourth child credit for 5 WEEKS.....\$300
- Fourth child credit for 4 WEEKS.....\$250

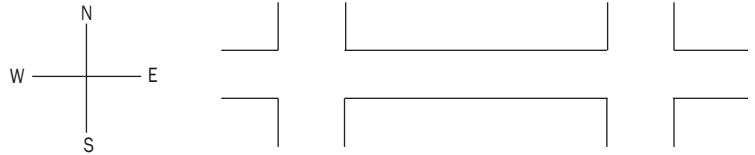
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Please indicate any significant health problems _____

ALLERGIES: None Dairy Soy Peanuts Tree Nuts Wheat Insect Stings Bee Stings
 Hay Fever Penicillin Poison Ivy Other _____

My child requires use of the following emergency medication: Epipen Inhaler Other _____

Does child take any medication to be administered by camp nurse and/or director? YES NO

If so, what kind? _____

Please list any special services that your child receives during the school year _____

Eating Habits (Please indicate any food allergies) _____

Please have the nurse contact me before camp begins. Notes: _____

American Red Cross Swim Level & Remarks _____

Activities to be encouraged _____