

Tall Pines Day Camp Application - Camper Information

Camper #1

First Name _____ Last Name _____
Male ___ Female _____ Birth Date ___ / ___ / ___ Age (As of June 1, 2009) _____ Years _____ Mos. _____ #R
Camper Starting Date ___ / ___ /09 Grade (As of fall 2008) _____ Weight _____ lbs.

Weeks Desired: (Please select one) First 4 Weeks Last 4 Weeks 8 Weeks
Must be selected by May 1, 2009 → 5, 6 or 7 Weeks (Please select weeks: 1 2 3 4 5 6 7 8)

Please place my child in the same group as: (Must be reciprocal) _____ & _____
Does the camper have any special needs or limitations _____

Camper #2

First Name _____ Last Name _____
Male ___ Female _____ Birth Date ___ / ___ / ___ Age (As of June 1, 2009) _____ Years _____ Mos. _____ #R
Camper Starting Date ___ / ___ /09 Grade (As of fall 2008) _____ Weight _____ lbs.

Weeks Desired: (Please select one) First 4 Weeks Last 4 Weeks 8 Weeks
Must be selected by May 1, 2009 → 5, 6 or 7 Weeks (Please select weeks: 1 2 3 4 5 6 7 8)

Please place my child in the same group as: (Must be reciprocal) _____ & _____
Does the camper have any special needs or limitations _____

Camper #3

First Name _____ Last Name _____
Male ___ Female _____ Birth Date ___ / ___ / ___ Age (As of June 1, 2009) _____ Years _____ Mos. _____ #R
Camper Starting Date ___ / ___ /09 Grade (As of fall 2008) _____ Weight _____ lbs.

Weeks Desired: (Please select one) First 4 Weeks Last 4 Weeks 8 Weeks
Must be selected by May 1, 2009 → 5, 6 or 7 Weeks (Please select weeks: 1 2 3 4 5 6 7 8)

Please place my child in the same group as: (Must be reciprocal) _____ & _____
Does the camper have any special needs or limitations _____

General Information

Home Address _____

City _____ State ___ Zip _____

Name of Development: _____

Major intersection near house: _____

& _____

Mother's Full Name (Mrs./Dr.) _____

Mother's Home Phone: () _____

Mother's Work Phone: () _____

Mother's Cellular Phone: () _____

Mother's Pager Number: () _____

Mother's E-Mail _____

Parental Status (Please Check): Single Married

Father's Full Name (Mr./Dr.) _____

Father's Home Phone: () _____

Father's Work Phone: () _____

Father's Cellular Phone: () _____

Father's Pager Number: () _____

Father's E-Mail _____

Family Doctor's Name _____

Doctor's Phone: () _____

Emergency Contact: () _____

Emergency Phone: () _____

Divorced Remarried Spouse Deceased

Extended Hours Request: Please check all that apply. Requires parent pick-up and/or drop-off to facility.

Tall Pines Day Camp: AM PM BOTH

Kidz Korner, Cherry Hill AM PM BOTH

Holding Hands, Mullica Hill AM PM BOTH

Please complete *Extended Hours Request Form*.

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Alternate Address: For campers residing at the shore area for the entire summer or a transportation pick-up and drop-off location that is different from the home address. Do not use this area for Shore Shuttle.

Summer Address _____
Phone: () _____

City _____
State _____ Zip _____

How did you learn about Tall Pines Day Camp? (List name of person/advertisement) _____

Terms of Enrollment Agreement

1. Campers and parents agree to abide by rules and regulations set by Directors for health, safety and welfare of campers.
2. Camp is not responsible for camper's equipment or personal belongings, while in transit or at camp, if lost or damaged by fire, theft or otherwise. Camp will make every effort to provide proper supervision so that losses will be at a minimum.
3. Directors reserve the right to deny, cancel, sever or suspend a child's enrollment if deemed for the best interest of the camper or the camp, in which case the deposit or unused camp fee will be refunded. Refunds are not provided on a per diem basis. For example, if enrollment is cancelled by Tall Pines at the end of six weeks and a camper is enrolled for eight weeks, the difference between eight and six weeks will be refunded.
4. The camp fee must be paid in full by May 1, 2009. No reduction or allowance will be made for the late arrival or early withdrawal of a camper. Further, no allowance will be made for any interruption in the camp season due to illness, family vacation, and adjustments to the school calendar, etc. **If additional deposits are not made on Nov. 15th and Feb. 15th then camp is permitted to charge the highest published tuition rate.** Deposits are refundable less \$100.00, upon request, if made in writing prior to May 1st. Thereafter, the deposit will only be refunded only if the vacancy created by the withdrawal is filled by the Directors. There is a \$250.00 service charge in the event enrollment is cancelled after May 1, 2009. There is a \$25.00 fee for returned checks. A \$50.00 late fee plus one percent (1%) applies to all accounts not paid in full by May 1, 2009.
5. Changes to transportation or period of enrollment must be made in writing prior to May 1, 2009. Changes made after May 1, 2009 are subject to a \$25.00 fee.
6. Final bunk and transportation arrangements will be made when all tuitions are paid in full.
7. Health Forms must be in camp by June 1st. Campers are not permitted to attend without a Health Form.
8. Special requests are honored if deemed in the best interest of camper, group and camp, and must be in writing. All requests are subject to Director's final approval.
9. Parent's signature further gives camper permission to participate in all camp activities shown on sample and final schedule, special programs and off-site trips, etc. I understand that part of the camping experience involves activities, group arrangements and interactions that may be new to my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free and so I have instructed my child on the importance of abiding by the camp's rules. My child and I both agree that he or she is familiar with these rules and will obey them.
10. Parent's signature further gives camp permission to use camper's likeness or image in camp publications and web site.
11. Parent's signature further gives the camp permission to share camper's address and phone number with campers in child's bunk.
12. A per camper gasoline surcharge will be applied as a transportation fee when the average price of gasoline is above \$3.50 per gallon in the Williamstown, NJ area.

X Parent or Guardian's Signature: _____

Payment

Method of Payment: Check # _____ Amount \$ _____

Visa/MC/DISC/AMEX #: _____ - _____ - _____

Exp. Date: ____ / ____ Signature: _____

Security Code: _____ (Required) Is this a debit card? ____

AMEX has a four-digit security code on the front of the card.

Credit Card Billing Address

House # _____

Zip Code _____

Payment Options

Please debit my credit card for the balance of my tuition on May 1st, 2009.

Please debit my credit card in (#) ____ equal monthly installments beginning ____ until my final balance has been paid by May 1st.

Deposits - \$500.00 per child due at time of enrollment, Nov. 15th & Feb. 15th. Final balance is due May 1st.

Camp Dates – Monday, June 22nd to Friday August 14th

Address: Tall Pines Day Camp
Phone: (856) 262-3900

1349 Sykesville Road
Fax: (856) 262-0195

Williamstown, NJ 08094

Date Received: _____