

Tall Pines Day Camp Seedling Application

A half-day program for 3 & 4 year-olds.

Camper #1 First Name _____ Last Name _____
Male ___ Female _____ Birth Date ___ / ___ / ___ Age (As of June 1, 2009) _____ Years _____ Mos. _____

Camper Starting Date ___ / ___ / 09

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 _____.

Other camps attended: _____ Yrs. ___ & _____ Yrs. _____.

Camper #2 First Name _____ Last Name _____
Male ___ Female _____ Birth Date ___ / ___ / ___ Age (As of June 1, 2009) _____ Years _____ Mos. _____

Camper Starting Date ___ / ___ / 09

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 _____.

Other camps attended: _____ Yrs. ___ & _____ Yrs. _____.

Transportation Information

| | | | |
|------------|---|-----|----|
| Morning: | I will drive my child to camp by 9:20 AM. | Yes | No |
| | I request that my child be picked up at my home in the morning. | Yes | No |
| Afternoon: | I will pick-up my child at camp at 1:00 PM in the afternoon. | Yes | No |
| | I request that my child be dropped -off at home.* | Yes | No |
| | I request that my child be dropped -off at a central location. | Yes | No |

Drop-ff at home is available in: Williamstown, Washington Twp., Cherry Hill & Voorhees.

Central locations are as follows: Mullica Hill & Marlton.

Other locations may be added based upon demand.

General Information

Home Address _____
City _____ State ___ Zip _____

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: _____

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: () _____

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 _____ | City _____ |
| Phone: () _____ | State _____ Zip _____ |

Parental Status (Please Check): Single Married Divorced Remarried Spouse Deceased

Transportation

Name of Community: (Sturbridge Lakes, Charleston Ridings, etc.) _____

Intersection Nearest Home: _____ & _____

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 Tall Pines at cancels enrollment 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 adjustment to school calendar, etc. 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.
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 camp 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.
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.

X Parent or Guardian's Signature: _____

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

Payment

Method of Payment: Check # _____ Amount \$ _____

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

Exp. Date: ____ / ____ Signature: _____

Three Digit Security Code: _____ (Required)

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

Rates: 4 weeks - \$2100.00 5 weeks - \$2350.00 6 weeks - \$2500.00 7 weeks - \$3000.00 8 weeks - \$3200.00

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

1349 Sykesville Road
Fax: (856) 262-0195

Williamstown, NJ 08094
Date Received: _____