

Camp W  
 P.O. Box 725  
 Plainview, NY 11803  
 (631) 692-6222  
 campwdaycamp.com  
 info@campwdaycamp.com



Sibling Discount 2<sup>nd</sup> Child \$300  
 Open House Discount \$200  
 Occupational Discount \$200  
 Own Driving Discount \$50 per week

Registration Deposit: \$500

## Registration Form 2015

Camper's Last Name		First Name		Male <input type="checkbox"/>	Bus # _____ <input type="checkbox"/>
Address		City		Female <input type="checkbox"/>	Pick Up/Drop Off <input type="checkbox"/>
Camper's Birth Date		Age	Grade As Of September 2015		Camper's E-Mail Address
Father's Name		Business Phone		Cell Phone ( ) -	
Mother's Name		Business Phone		Cell Phone ( ) -	
Mother's E-Mail		Father's E-Mail		Physician's Name And Phone	
Emergency Contact #1 Name		Emergency Contact #1 Phone		Relation To Camper	
Emergency Contact #2 Name		Emergency Contact #2 Phone		Relation To Camper	

Extended hours, **at no additional cost:** (please circle days needed)

- My child will require early care      M    T    W    Th    F      (7:30am- 8:55am)  
 My child will require late care      M    T    W    Th    F      (4:00pm- 6:00pm)

Will your child be using Camp W transportation? Yes  No  Morning  Afternoon  Both

Please circle the weeks your child will be using Camp W transportation:

Week 1    Week 2    Week 3    Week 4    Week 5    Week 6    Week 7    Week 8  
 6/29      7/6          7/13      7/20      7/27      8/3        8/10      8/17

**Discount for doing your own driving is \$50 per full week: \$50 x \_\_\_\_\_ # of full weeks =  discount**

Camp W is in session Monday through Friday from 9:00a.m. to 4:00p.m. Camp will not be in session on July 3rd. Camp bus will pick up and return your child to the address given below on the registration form. Camp responsibility begins and ends at curbside: child must be waiting at curbside in morning when bus arrives, and guardian must be waiting for child to depart bus in afternoon. Guardians must supervise at drop-off and pick-up location.

Pick up location (if not the same as home) address: \_\_\_\_\_

Drop-off location (if not the same as home) address: \_\_\_\_\_

Drop off permission: List any person besides mom or dad who has permission to receive your child coming off the bus.

Name \_\_\_\_\_ Relation to Camper \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relation to Camper \_\_\_\_\_ Phone Number \_\_\_\_\_

Tuition includes transportation, 5 camp shirts, camp backpack, early and late care hours, afternoon snack, accident insurance, special events, trips, and professional camp shows. The camp is not responsible for any personal items which are lost, stolen or broken. I authorize Camp W to arrange for any and all medical care in case of an emergency. The medical staff or any third party health care provided in its sole discretion has permission to disseminate pertinent information to the camp or its staff. If medication is to be administered at camp, the Medical Release Form must be completed. Camp reserves the right to dismiss a camper without refund of tuition if the parent or child does not abide by Camp W policies or procedures, or if camper conduct is determined to be detrimental to the well-being of campers or camp. I give permission for my child to leave camp grounds for field and athletic trips. I authorize my child to take part in any and all camp activities and for the use of my child's image in pictures or videos, to be featured in advertisements or on the Camp W website.

I understand that part of the camping experience involves activities and group interactions that may be new to my child, and that they come with uncertainties beyond what my child may be used to dealing with at home. Such risks include uneven terrain, standing and moving water, forested and other areas that may result in wildlife encounters including mammals, reptiles and insects that could result in infections and various insect-transmitted diseases. I am also aware that my child may participate in off-campus activities such as inter-camp athletics, swimming, bowling and miniature golf that involve additional risks. In addition, there are certain unavoidable risks associated with various games and play activities such as collisions, wayward objects such as balls and other equipment and other risks. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, so I have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that he or she is familiar with these rules and will obey them.

I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in New York, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state. Any dispute submitted to arbitration under this clause must be heard by the arbitrator(s) in its entirety within one year of submission, who must render his or her decision within thirty days of the close of evidence.

The arbitrator and not any federal, state or local court or agency shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all of any part of this contract is void or violable.

All campers are required to wear a camp T-shirt and sneakers every day. A \$500 deposit is due with the registration form. There are no refunds for absences or unused camp sessions. Deposits will only be refunded up until April 1, 2015. The balance is due on May 1<sup>st</sup>.

Camp discounts for the Monday through Thursday Program are prorated at 80% of the discount. Camp Discounts for the Half Day Program are prorated at 50% of the discount.

Date: \_\_\_\_\_ Signature of Parent: \_\_\_\_\_

Please note that a medical form must be completed and returned to camp before your child can attend Camp W.

Camper's shirt size (please circle): Youth:		S	M	L	Adult:	S	M	L	XL	2XL
Please circle specific weeks attending:		Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	
Total weeks selected _____		6/29	7/6	7/13	7/20	7/27	8/3	8/10	8/17	
Please check the program your child will be attending:		<input type="checkbox"/> Kiddie Camp 4 year old - 1 <sup>st</sup> grade		<input type="checkbox"/> Middle Camp 2 <sup>nd</sup> and 3 <sup>rd</sup> grade		<input type="checkbox"/> Upper Camp 4 <sup>th</sup> - 8 <sup>th</sup> grade		<input type="checkbox"/> Apprentice 9 <sup>th</sup> grade		

	2 weeks	3 weeks	4 weeks	5 weeks	6 weeks	7 weeks	8 weeks
<b>Mon-Fri 9:00am - 4:00pm</b>	\$1,450	\$2,150	\$2,825	\$3,250	\$3,550	\$3,750	\$3,900
<b>Mon-Thurs 9:00am - 4:00pm</b>	\$1,100	\$1,655	\$2,195	\$2,540	\$2,770	\$2,920	\$3,060
<b>1/2 Day Mon-Fri 9:00 - 12:30pm</b>	\$900	\$1,500	\$1,900	\$2,300	\$2,600	\$2,800	\$2,850

**All campers are served complimentary pizza lunch on Thursdays and a BBQ lunch on Fridays.**

**Federal Tax ID#: 46-1237794**

For Camp W Use Only

*Balance is due May 1st*

Tuition		payment	date
Deposit		balance	
Sibling discount		payment	date
Open house discount		balance	
Referral discount		payment	date
Military/Occupation		balance	
Own driving		payment	date
Balance due		paid in full	date

