

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



Sibling Discount 2nd Child: \$300
Own Driving Discount: \$50 per week
Referral Discount- 4 weeks: \$250
8 weeks: \$500

Registration Deposit: \$500
(Refundable up until March 1st, 2016)

Registration Form 2016

Camper's Last Name		First Name		Male <input type="checkbox"/>	Age	Grade As Of September 2016	
				Female <input type="checkbox"/>			
Address		City			Zip Code	Home Phone () -	
Camper's Birth Date		Physician's Name			Physician's Phone Number		
Father's Name	Father's Business Phone () -	Father's Cell Phone () -		Father's E-Mail			
Mother's Name	Mother's Business Phone () -	Mother's Cell Phone () -		Mother's E-Mail			
Parent Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed							
Emergency Contact #1 Name		Emergency Contact #1 Phone () -			Relation To Camper		
Emergency Contact #2 Name		Emergency Contact #2 Phone () -			Relation To Camper		

Please circle the weeks your child will be attending Camp W: Total Week Selected _____

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
6/27	7/4	7/11	7/18	7/25	8/1	8/8	8/15

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

<input type="checkbox"/> My child will require early care	M	T	W	Th	F	(7:30am- 8:30am)
<input type="checkbox"/> My child will require late care	M	T	W	Th	F	(4:00pm- 6:00pm)

Please check the program your child will be attending: ☐ Kiddie Camp 4 year old - 1st grade ☐ Middle Camp 2nd and 3rd grade ☐ Upper Camp 4th- 8th grade ☐ Apprentice 9th grade

Camper's shirt size (please circle): **Youth:** S M L **Adult:** S M L XL 2XL

	2 weeks	4 weeks	6 weeks	8 weeks
Up to October 15, 2015	\$1,450.00	\$2,825.00	\$3,550.00	\$3,900.00
Up to January 15, 2016	\$1,550.00	\$2,925.00	\$3,650.00	\$4,000.00
After January 15, 2016	\$1,650.00	\$3,025.00	\$3,750.00	\$4,100.00

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.

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 or any part of this contract is void or violable.

Date: _____ Signature of Parent: _____

Camp W is in session Monday through Friday from 9:00a.m. to 4:00p.m. Camp will not be in session on **Monday, July 4th**. 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.**

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Total weeks selected _____	6/27	7/4	7/11	7/18	7/25	8/1	8/8	8/15

Federal Tax ID#: 46-1237794

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