



5th - 6th Grade 2015 Enrollment Application

Monday, June 29th - Friday, August 21st
 Camp will be closed Friday, July 3rd for Independence Day
 Camp runs from 9am to 4pm.

5% Credit for New Families

Child's Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address	Birthdate
.....	Grade Sept. '15
Home Phone	School 2014-15
Dad's Name	Mom's Name
Dad's Work #	Mom's Work #
Dad's Cell #	Mom's Cell #
Dad's Email	Mom's Email
Child lives with: (Check all that apply) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other:	
Please list any children your child would like to be grouped with: (Request must be mutual and cannot be guaranteed. Negative requests that impact another child's placement will not be honored. Final placement is determined by the Director)	
.....	
How did you hear about North Shore?	

Terms of Agreement

- | | |
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| <p>(1) TUITION INCLUDES ALL CAMP ACTIVITIES, A T-SHIRT, A DAILY LUNCH, TOTE BAG, ALL DAY TRIPS, TOWELS, AND STAFF GRATUITIES.</p> <p>(2) The required deposit shall be paid at time of registration and the full balance shall be paid by May 1st.</p> <p>(3) Tipping (gratuities) of any staff, in whatever manner or fashion, is prohibited.</p> <p>(4) Due to the seasonal nature of summer camping and the set limitation of spaces offered, no refund shall be provided for absences, changes withdrawals, or dismissal for cause.</p> <p>(5) For the safety and general welfare of all campers, the Camp reserves the unrestricted right to dismiss a camper whose conduct or influence, in the opinion of the director, is inimical to the best interests of the Camp.</p> | <p>(6) Permission is hereby granted for videos & photographs to be taken of the camper and the Camp has the right to utilize these photographs in camp brochures, on our website and in promotional materials.</p> <p>(7) Permission is hereby granted to the Camp to take the child on trips outside of camp as part of the regular camp program.</p> <p>(8) This contract constitutes the full understanding of the parties hereto and no change, modification or waiver of any of the terms shall be effective unless in writing and signed by both parties.</p> <p>(9) The venue of any dispute that may arise out of this Agreement or otherwise, to which Timber Lake Camp or its agents is a party, shall be Nassau County, New York. Any and all litigation must be brought only in and for courts in Nassau County, New York to the exclusion of litigation anywhere else in the world.</p> |
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Medical Permission Statement (Must be completed before your child can be admitted to camp)

I hereby give North Shore Day Camp permission to take my child to any hospital facility or outside doctor when deemed necessary. Furthermore, I hereby give permission to such hospital or outside doctor to authorize x-rays and emergency treatment if deemed necessary. I understand that all medical bills for service rendered by anyone other than the camp's medical staff are my responsibility.

I hereby give permission for my child to use the sunscreen s/he has brought or the camp has supplied, which is approved by the FDA for over the counter use to avoid overexposure to the sun. Our child may be assisted by unlicensed camp staff if I or s/he requests.

I have read the Terms Of Agreement and the Medical Permission Statement above and understand it's terms and accept it's conditions. In the event that this Agreement is executed by one parent, I acknowledge that I am also acting as the agent of the other parent with authority to so enroll my child at North Shore Day Camp and to execute this Agreement on his or her behalf. I recognize that the Camp relies upon the representations herein made in accepting this enrollment.

Parent's Signature		Director's Signature
Date		Date

5% Sibling Credit for 2nd & subsequent children

Please enroll my child for the 2015 Season in the Program selected below:

WEEKS 1:(June 29 - July 2) 5:(July 27 - July 31) 2:(July 6 - July 10) 6:(Aug 3 - Aug 7) 3:(July 13 - July 17) 7:(Aug 10 - Aug 14) 4:(July 20 - July 24) 8:(Aug 17 - Aug 21)

	5th-6th Tuition
<input type="checkbox"/> 8 Weeks (6/29 - 8/21)	\$8,500
<input type="checkbox"/> 7 Weeks Circle: 1 2 3 4 5 6 7 8	\$8,100
<input type="checkbox"/> 6 Weeks Circle: 1 2 3 4 5 6 7 8	\$7,550
<input type="checkbox"/> 5 Weeks Circle: 1 2 3 4 5 6 7 8	\$7,075
<input type="checkbox"/> 4 Weeks (6/29 - 7/24)	\$5,925
<input type="checkbox"/> 4 Weeks (7/27 - 8/21)	\$5,625
<input type="checkbox"/> Any 4 Weeks 1 2 3 4 5 6 7 8	\$6,200
<input type="checkbox"/> 3 Weeks (6/29 - 7/24) Circle: 1 2 3 4	\$5,275
<input type="checkbox"/> 3 Weeks (7/27 - 8/21) Circle: 5 6 7 8	\$5,275

\$1,800 deposit due on enrollment. Balance paid in full by May 1st, 2015.

ALL TIPS ARE INCLUDED: A SAVINGS OF MORE THAN \$350 PER CAMPER!

Choose a Payment Method:

<input type="checkbox"/> Check Enclosed	Check Number.....	Payment Amount
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX
<input type="checkbox"/> Discover	Payment Amount	
Card Number	Expiration Date	
Cardholder's Name	Billing Address	
Cardholder's Signature	City, State, Zip	
	<input type="checkbox"/> Charge this Credit Card for the monthly Auto Pay Billing Option	
<input type="checkbox"/> eCheck	1% Tuition Credit for each eCheck Payment	Payment Amount
Account Number	Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking	
Routing Number	Billing Address	
Account Holder's Name	City, State, Zip	
	<input type="checkbox"/> Debit this eCheck account for the monthly Auto Pay Billing Option	

Extensions made after the first day of camp will be billed at 10% over the non-discounted rate. There are no refunds for absences, changes, withdrawal or terminations. Deposit is fully refundable through February 28th, 2015 (or 30 days after enrollment, whichever is later), less a \$300 Administrative Fee. The \$300 Administrative Fee is also fully refundable within 30 days of enrollment. All payments above deposit are fully refundable through May 31st, 2015.

North Shore Day Camp is permitted to operate by the Nassau County Department of Health and is required to be inspected twice yearly. The inspection reports are filed at 200 County Seat Drive, Mineola NY 11501. Inquiries can be made Monday – Friday from 9:00 AM – 4:45 PM.



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