

124 Indian Mountain Rd
Lakeville, CT 06039
info@camp-sloane.org
800/545-9367 or 860/435-2557
Fax: 860/435-2599



Received: _____
Entered: _____
Payment: _____

2008 DAY CAMP REGISTRATION FORM

CAMPER INFORMATION

New Camper _____ Return Camper _____ Male _____ Female _____

First Name: _____ Last Name: _____ Nickname: _____

DOB: ____/____/____ Grade (Fall of '08) _____ School: _____

Preferred Mailing Address: _____
(Street/PO Box)

(City)

(State)

(ZIP)

Home Phone: _____ Summer Home Phone: _____

Is the camper a vegetarian? | YES | NO Food Allergies? | YES | NO Please name: _____
Please attach a separate sheet if necessary.

"GROUP" REQUEST Requests must be reciprocated. Children should be similar in age: _____

Please do not put my child in the same group as: _____

PARENT/ GUARDIAN INFORMATION

Parent 1 Name: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____ Email: _____
Email addresses will not be shared or sold.

Parent 2 Name: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Primary Residence of the camper: Mother _____ Father _____ Both Parents _____

Please submit any visitation or custodial concerns in writing to the Director of Camping Services prior to your child's camping session.

EMERGENCY CONTACT NAME (Please give us the name of someone other than a parent)

Name: _____ Relationship: _____ Phone: _____

DAY CAMP SESSIONS Campers must be entering 1st grade. (\$200 Deposit required per session) Check your choices (✓)

Session 1	Monday, June 23 - Friday, July 4	\$508.00	<input type="checkbox"/>
Session 2	Monday, July 7 - Friday, July 18	\$508.00	<input type="checkbox"/>
Session 3	Monday, July 21 - Friday, August 1	\$508.00	<input type="checkbox"/>
Session 4	Monday, August 4 - Friday, August 15	\$508.00	<input type="checkbox"/>

ENGLISH HORSEBACK RIDING LESSONS Weeks 1-8 at \$133.00/week (Limited Enrollment)

Please indicate your first and second choice of weeks and we will make every effort to accommodate you. However, due to the limited space we may not be able to honor your request.

Session 1: Week 1 _____ Week 2 _____ Session 2: Week 3 _____ Week 4 _____

Session 3: Week 5 _____ Week 6 _____ Session 4: Week 7 _____ Week 8 _____

STORE ACCOUNT

Campers make purchases at the camp store using a debit system, which is activated by a deposit made by the parent/guardian to the Store account and paid in full. **CAMPERS SHOULD NOT BRING CASH TO CAMP** 10.00- \$15.00 IS SUGGESTED.

DISCOUNTS \$25.00 deducted from two week program fees for enrollment by each *additional* sibling registered for a two week program.

Sibling 1: _____ Sibling 2: _____

FEE & PAYMENT SUMMARY

Session Fees: \$ _____
Riding: \$ _____
Store Account \$ _____
Sibling Discount (\$ _____)
TOTAL FEES: \$ _____
Less Deposit: (\$ _____)
BALANCE DUE MAY 1: \$ _____

PAYMENT OPTIONS

1. Check payable to Camp Sloane YMCA Check# _____
2. Credit Card: Circle One- MC Visa Amex Discover
Card # _____ Exp _____ / _____
M/Y
Security Code _____ Billing Zip Code _____
Name of Cardholder _____
Cardholder Signature _____

FOR PAYMENT DUE ON MAY 1:

Please charge the Balance Due of \$ _____ to the credit card above.

ATTENTION, the registration is not complete without signatures to the following:

Camp Sloane YMCA Agreement with Parents and Campers

Parent:

I certify that I have read the following financial statements, fees and schedules, and understand the contents thereof.

- ◆ I have enclosed a deposit of \$200.00 for each session for which I have registered my child and recognize that this deposit is non-refundable after May 1, 2008.
- ◆ I agree to pay the balance of the fees by May 1, 2008, knowing that failure to do so may automatically cancel this registration..
- ◆ I understand that refunds on the balance of session and horseback riding fees will not be granted after June 1, 2008, except in the case of verified illness or injury. Dismissal from camp does not qualify for a refund.
- ◆ I grant permission for my son/daughter to participate in camp activities including out of camp trips under camp auspices.
- ◆ Permission is also granted to transport my child in camp designated vehicles for off-site trips and for emergency medical care.
- ◆ Permission is given to Camp Sloane to take and use photographs of my child for Internet, advertising and publicity purposes.
- ◆ I understand the camp fees do not include health and accident insurance and I will be responsible for any and all charges incurred for my child's medical attention.
- ◆ I certify that my son/daughter is amenable to discipline and free from habits or attitudes that would make him/her an unsuitable camper.

Camper: (Parent, please read)

I want to become a camper at Camp Sloane YMCA. I agree to abide by camp rules. I will do my best to make this a good experience for myself and my fellow campers. I understand that failure to live up to this promise could result in my dismissal from camp without a refund.

_____ Camper Signature

_____ Date

_____ Parent Signature

_____ Date