



LAKEVIEW DAY CAMP

2013 Enrollment Application

505 Riva Avenue East Brunswick, NJ 08816

732.821.8933 Fax: 732.821.9456 www.LakeViewDayCamp.com



Camper First Name		Preferred First Name		Camper Last Name	
☐ Boy ☐ Girl		Date of Birth		☐ Returning Camper ☐ New Camper	
School				Grade in Sept. 2013	

PARENT #1		PARENT #2		ADDRESS #1: ☐ Mailing Address ☐ Camper Home			
First Name				Street			
Preferred First Name				Town		State	
Last Name				Zip			
Relationship to Camper				ADDRESS #2: ☐ Mailing Address ☐ Camper Home			
Home Phone				Street			
Work Phone				Town		State	
Cell Phone				Zip			
Family Email							

RATES GOOD THROUGH APRIL 30, 2013

Check desired program	8 Weeks July 1 - Aug 23	7 Weeks* select weeks below	6 Weeks* select weeks below	1 st 4 Weeks July 1 - July 26	2 nd 4 Weeks July 29 - Aug 23
<i>Camp dates subject to change based on school closing dates</i>					
MAIN CAMP					
Full Day Program 1st - 6th Grade in Fall 2013	☐ \$4,995	☐ \$4,745	☐ \$4,495	☐ \$3,250	☐ \$3,250
KIDDIE KASTLE					
Full Day Program (5 days) Pre-school & K in Fall 2013	☐ \$4,450	☐ \$4,225	☐ \$3,995	☐ \$2,895	☐ \$2,895
TEEN CAMP					
Trip Program 7th - 9th Grade in Fall 2013	☐ \$6,150	☐ \$5,850	☐ \$5,525	☐ \$3,995	☐ \$3,995

*Please circle weeks attending for the 6 or 7 week program: 1 2 3 4 5 6 7 8

Camp will be closed Thursday, July 4, 2013 in celebration of Independence Day

Changes in weeks for all programs are subject to availability

Sibling Credit: deduct 5% for the second sibling and 10% for the third sibling

Tuition includes: transportation to and from one address, lunch, camp T-shirt and a backpack

Program Times: Full Day programs run 9:00AM - 4:00PM

Trip Program runs 9:00AM - 4:00PM when in camp and times of trips vary for specific trips

PAYMENT INFORMATION

First Deposit of \$1,500 is due with this enrollment application. Full Payment is due by March 1, 2013. All past due payments will be charged a late fee of 1.5% per month.

- ☒ ☐ Check enclosed (make payment to LakeView Day Camp).
- ☐ Please charge my American Express, Visa or MasterCard (complete enclosed credit card form).

All payments are fully refundable until March 1, 2013. After March 1, no tuition will be refunded. No refunds will be made for incidental absences. Camp is not responsible for any camper's belongings lost or damaged at camp.

For Office Use Only:

Dep	Ck#	Fin	Com	Ack	Date
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OVER

ADDITIONAL INFORMATION

Is there any information you feel would help us with your child's adjustment to camp or any medical issues about which we should know prior to medical forms arriving?

Does your child require a special diet or have any food allergies?

☐ Yes

☐ No

Does your child have any non-food allergies?

☐ Yes

☐ No

Does your child require an Epi-Pen?

☐ Yes

☐ No

Size for your child's complimentary T-shirt (☒ check one): Youth: S ☐ M ☐ L ☐
(6-8) (10-12) (14-16) Adult: S ☐ M ☐ L ☐

If your child has friends at LakeView entering the same grade and would like to be grouped with them, please list their names here, and we will do our best to accommodate (please list names even if you are a returning camper).

Please limit to only two names. Only mutual requests can be honored and no preference is given to your requests unless specifically stated below.

MY CHILD IS LIVING WITH...



☐ Mom and Dad together

☐ Mom only

Home Phone Where
Camper Lives:

☐ Mom and Dad separately

☐ Dad only

☐ Other _____

EMERGENCY CONTACT INFORMATION: This person must be available to pick up your camper in the event of illness.

In case of an emergency and the camper's parents cannot be reached, please contact:

Name Relationship Phone

TRANSPORTATION INFORMATION

Transportation is included in tuition. Please indicate the Pick-up and Drop-off location below.

Camper

Pick-up/Drop-off Phone Number

Pick-up/Drop-off Address

Nearest Cross Street

Development Name

☐ Please check here if you have unique circumstances that require a phone call about transportation prior to May 15, 2013.

Own Transportation (OT):

☐ AM OT

If OT is selected, then no seat will be available on a bus.

☐ PM OT

No transportation changes can be guaranteed after June 1st 2013.

PERMISSIONS

I hereby give permission for my child to participate in all camp activities. Permission is also granted to LakeView Day Camp to take my child on trips outside of camp as part of the regular camp program.

I hereby give permission to the medical personnel selected by the camp to provide routine health care and to administer medication. In the event that I cannot be contacted in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for my child.

I hereby give permission for photographs and videos to be taken of my child. LakeView Day Camp has the right to utilize these in camp brochures and displays as well as other mediums including but not limited to: electronic, video and print.

I have read and agree to all terms, conditions and permissions on the enrollment application.

Parent Full Name (Please Print)

Parent Signature

Date

LakeView Credit Card Authorization Form

Camper Name(s)

Date



Charge the initial deposit of \$1,500 immediately to my credit card

(Initial deposit of \$500, plus second deposit of \$1,000 per camper which was due October 1st.)

WE OFFER THE FOLLOWING PAYMENT OPTIONS. PLEASE SELECT ONE:

☐

Please charge my credit card in equal installments on the 1st of each month so that I am paid in full by April 1st 2013.

☐

Please automatically charge my credit card for the full remaining balance on March 1, 2013.

Card Type:

☐

Visa

☐

MasterCard

☐

American Express

☐

Discover

Card Number

Exp Date

 /

month year

Security Code

FOR VISA, MC AND DISC: Last 3 digits located on back of card in signature slip.

FOR AMEX: 4 digits located on front of card.

Cardholder's Name (please print)

Cardholder's Billing Address

Zip Code

Cardholder's Signature

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