



LAKEVIEW DAY CAMP

2014 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. 2014	

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

RATES GOOD THROUGH NOVEMBER 30, 2013

☒ Check desired program	8 Weeks June 30 - Aug 22	7 Weeks* select weeks below	6 Weeks* select weeks below	1st 4 Weeks June 30 - July 25	2nd 4 Weeks July 28 - Aug 22
<i>Camp dates subject to change based on school closing dates</i>					
MAIN CAMP					
Full Day Program 1st - 6th Grade in Fall 2014	☐ \$5,195	☐ \$4,920	☐ \$4,645	☐ \$3,350	☐ \$3,350
KIDDIE KASTLE					
Full Day Program (5 days) Pre-school & K in Fall 2014	☐ \$4,450	☐ \$4,225	☐ \$3,995	☐ \$2,895	☐ \$2,895
TEEN CAMP					
Trip Program 7th - 9th Grade in Fall 2014	☐ \$6,350	☐ \$6,025	☐ \$5,675	☐ \$4,095	☐ \$4,095

*Please circle weeks attending for the 6 or 7 week program:

1 2 3 4 5 6 7 8

Camp will be closed Friday, July 4, 2014 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 \$500 is due with this enrollment application. Second Payment of an additional \$1,000 is due by October 1, 2013. Full Payment is due by March 1, 2014. 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).

☐ **EARLY PAYMENT SAVINGS OPTION:** You can reduce your tuition by 5% by paying the balance in full on or before October 1, 2013. Please check here if you would like to take advantage of this option.

All payments are fully refundable until March 1, 2014. After March 1, any changes in enrollment will be applied as a credit to the following summer. 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

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:

In case of an emergency and the camper's parents cannot be reached, please contact this person who must also be available to pick up your camper in the event of illness:

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 note, if you live in Westfield, Scotch Plains, Springfield, Fanwood, Cranford, Garwood, or Mountainside you will be utilizing one of three Central Transportation locations. Camp will place you based on the location geographically closest to your home. There will be a credit to you tuition for this option based on your session.**

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 2014.

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 per camper immediately to my credit card

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS FOR THE REMAINDER OF THE TUITION:

☐

Please charge my credit card in equal installments on the 1st of each month so that I am paid in full by April 1st 2014.

☐

Please automatically charge my credit card for the full remaining balance on March 1, 2014.

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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