



LAKEVIEW DAY CAMP

2015 Enrollment Application

505 Riva Avenue East Brunswick, NJ 08816



732.821.8933 Fax: 732.821.9456 www.LakeViewDayCamp.com Info@LakeViewDayCamp.com

Camper First Name		Preferred First Name		Camper Last Name	
☐ Boy ☐ Girl	Date of Birth		☐ Returning Camper	☐ New Camper	
School				Grade in Sept. 2015	

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

RATES GOOD THROUGH DECEMBER 31, 2014

Check desired program	8 Weeks June 29 - Aug 21	7 Weeks* select weeks below	6 Weeks* select weeks below	1 st 4 Weeks June 29 - July 24	2 nd 4 Weeks July 27 - Aug 21
<i>Camp dates subject to change based on school closing dates</i>					
MAIN CAMP					
Full Day Program 1st - 6th Grade in Fall 2015	☐ \$5,495	☐ \$5,195	☐ \$4,895	☐ \$3,545	☐ \$3,545
KIDDIE KASTLE					
Full Day Program (5 days) Pre-school & K in Fall 2015	☐ \$4,745	☐ \$4,500	☐ \$4,300	☐ \$3,200	☐ \$3,200
TEEN CAMP					
Trip Program 7th - 9th Grade in Fall 2015	☐ \$6,650	☐ \$6,325	☐ \$6,000	☐ \$4,350	☐ \$4,350

*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 3, 2015 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, backpack, and camp photos.
 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, 2015. 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). If no selection for balance payment is made on the credit card authorization form, we will default to the option of auto charging the deposit when you enroll, and the final balance March 1, 2015.

All payments are fully refundable until March 1, 2015. 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

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: XS ☐ S ☐ M ☐ L ☐ Adult: S ☐ M ☐ L ☐

(4-6) (6-8) (10-12) (14-18)

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.** No preference is given to your requests unless specifically stated below. Please note: Seniors and Teens no longer have groups so friend requests are no longer relevant.

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 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, Clark, or Mountainside you will be utilizing one of our 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.**

No transportation changes can be guaranteed after June 1st 2015.

Own Transportation (OT): ☐ AM OT
If OT is selected, then no seat
will be available on a bus. ☐ PM OT

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:

- ☐ I would like to take advantage of the **Equal Installment Payment Plan**, starting on Oct. 1st 2014 and ending with April 1st 2015.
Please charge my credit card in equal installments on the 1st of each month.
- ☐ Please automatically charge my credit card for the full remaining balance on March 1, 2015.
(If no selection is made, we will default to this option and automatically charge the balance due on March 1st.)

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