# LAKEVIEW DAY CAMP

## 2017 Enrollment Application

505 Riva Avenue East Brunswick, NJ 08816
732.821.8933 Fax: 732.821.9456 www.LakeViewDayCamp.com

ACCREDITED

| Camper First Name | | Preferred First Name | | Camper Last Name | |
|---|---|---|---|---|---|

◯ Boy ◯ Girl Date of Birth ◯ Returning Camper ◯ New Camper

School Grade in Sept. 2017

| | PARENT #1 | PARENT #2 |
|---|---|---|
| First Name | | |
| Preferred First Name | | |
| Last Name | | |
| Relationship to Camper | | |
| Home Phone | | |
| Work Phone | | |
| Cell Phone | | |

Email

**ADDRESS #1:** ◯ Mailing Address ◯ Camper Home

Street

Town State Zip

**ADDRESS #2:** ◯ Mailing Address ◯ Camper Home

Street

Town State Zip

## RATES GOOD THROUGH MAY 1, 2017

| ☑ Check desired program | 8 Weeks June 26 - Aug 18 | 7 Weeks* select weeks below | 6 Weeks* select weeks below | 1st 4 Weeks June 26 - July 21 | 2nd 4 Weeks July 24 - Aug 18 |
|---|---|---|---|---|---|
| | *Camp dates subject to change based on school closing dates* | | | | |
| **MAIN CAMP** Full Day Program 1st - 7th Grade in Fall 2017 | ◯ $5,995 | ◯ $5,695 | ◯ $5,395 | ◯ $4,095 | ◯ $4,095 |
| **KIDDIE KASTLE** Full Day Program (5 days) Pre-school & K in Fall 2017 | ◯ $5,295 | ◯ $5,095 | ◯ $4,895 | ◯ $3,795 | ◯ $3,795 |
| **TEEN CAMP** Trip Program 7th - 9th Grade in Fall 2017 | ◯ $7,195 | ◯ $6,895 | ◯ $6,595 | ◯ $4,895 | ◯ $4,895 |

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

**Camp will be closed Tuesday, July 4, 2017 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, 2017. 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 credit card (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 final balance March 1, 2017.**

All payments are fully refundable until March 1, 2017. However, If all payment installments are not paid in the required timeline, deposits will be forfeited. 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◯

## FRIEND REQUEST

If your child will be entering PreK - 4th grade and would like to be grouped with a friend at camp, please list two friends in order of preference. We will do our best to accommodate both requests but guarantee at least one. In honor of our (KARE) program, Kindness And Respect for Everyone, LakeView does not accept negative friend requests. *Any future changes / requests must be in writing.*

1. 2.

## MY CHILD IS LIVING WITH...

☑ ◯ Mom and Dad together ◯ Mom only

◯ Mom and Dad separately ◯ Dad only

◯ Other _____

Home Phone Where Camper Lives:

## 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 2017.***

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

## 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 2016 and ending with April 1st 2017. 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, 2017.
**(If no selection is made, we will default to this option and automatically charge your card 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 _____