LAKEVIEW DAY CAMP

2019 Enrollment Application

www.LakeViewDayCamp.com info@lakeviewdaycamp.com 732.821.8933 Fax: 732.821.9456 505 Riva Avenue East Brunswick, NJ

Camper First Name | Preferred First Name | Camper Last Name

◯ Male ◯ Female | Date of Birth | ◯ Returning Camper ◯ New Camper

School | Grade in Sept. 2019

PARENT #1: First Name | Preferred First Name | Last Name

Relationship to Camper | Email

Home Phone | Work Phone | Cell Phone

PARENT #1 ADDRESS: Street

Town | State | Zip

PARENT #2: First Name | Preferred First Name | Last Name

Relationship to Camper | Email

Home Phone | Work Phone | Cell Phone

PARENT #2 ADDRESS: Street

Town | State | Zip

TRANSPORTATION INFORMATION

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

Camper

Pick-up/Drop-off Address

Own Transportation (OT): ☐ AM OT ☐ PM OT

No transportation changes can be guaranteed after June 1, 2019.

MY CHILD IS LIVING WITH...

◯ Mom and Dad together ◯ Mom and Dad separately

◯ Mom only ◯ 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

Phone

Relationship

TUITION RATES GOOD THROUGH DECEMBER 1, 2018

Camp dates subject to change based on school closing dates

✔ Check desired program		8 Weeks June 24 - Aug 16	7 Weeks* select weeks below	6 Weeks* select weeks below	1st 4 Weeks June 24 - July 19	2nd 4 Weeks July 22 - Aug 16
MAIN CAMP	Full Day Program 1st - 7th Grade in Fall 2019	◯ $6,345	◯ $6,045	◯ $5,745	◯ $4,445	◯ $4,445
KIDDIE KASTLE	Full Day Program (5 days) Pre-school & K in Fall 2019	◯ $5,245	◯ $4,945	◯ $4,445	◯ $3,445	◯ $3,445
TEEN CAMP	Trip Program 7th - 9th Grade in Fall 2019	◯ $7,545	◯ $7,245	◯ $6,945	◯ $5,045	◯ $5,045

*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, 2019 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.

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, please explain ◯ No

Does your child have any non-food allergies? ◯ Yes, please explain ◯ No

Does your child require an Epi-Pen? ◯ Yes, please explain ◯ 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 and cannot be guaranteed after June 1, 2019.

1.

2.

PAYMENT INFORMATION

First deposit of $500 is due with this enrollment application. Second Payment of an additional $1,000 is due by October 1, 2018. Full Payment is due by March 1, 2019. 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 second deposit on October 1, 2018, and the final balance March 1, 2019.**

◯ **EARLY PAYMENT SAVINGS OPTION 1: You can reduce your tuition by 7% if you pay by check in full by October 1, 2018 Please check here if you would like to take advantage of this option. *PLEASE NOTE: in order to have 7% off the total balance, the deposit must be made by check as well. If the deposit was made with a credit card, the deposit amount will be deducted BEFORE the 7% discount is calculated.**

◯ **EARLY PAYMENT SAVINGS OPTION 2: You can reduce your tuition by 5% by paying the balance in full by credit card, on or before October 1, 2018. Please check here if you would like to take advantage of this option.**

All payments are fully refundable until March 1, 2019. After March 1, no tuition will be refunded. No refunds will be made for incidental absences.

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.
Camp is not responsible for any camper's belongings lost or damaged at camp.

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 $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 **Early Payment Option 1** and reduce my tuition by 7%. I **will send a check** for the full remaining balance on or before October 1, 2018. If initial deposit is made by credit card, that amount will be deducted BEFORE the 7% discount is calculated. To received 7% off the total balance due, the deposit must also be made by check.
- ◯ I would like to take advantage of the **Early Payment Option 2** and reduce my tuition by 5%. Please **charge my credit card** the full remaining balance on October 1, 2018.
- ◯ I would like to take advantage of the **Equal Installment Payment Plan**, starting on Oct. 1, 2018 and ending with April 1, 2019. Please charge my credit card in equal installments on the 1st of each month.
- ◯ Please automatically charge my credit card for the Second Payment of $1,000 per camper on October 1, 2018 and the full remaining balance on March 1, 2019.

(If no selection is made, we will default to this fourth option and automatically charge your card on Oct 1 and March 1.)

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 _____