



ROSMARINS DAY CAMP

"fond summer memories that last a lifetime"

12 School Rd.
Monroe, NY 10950
Tel: 845-783-7222

2011 REGISTRATION FORM

THIS APPLICATION GOOD ONLY TILL MAY 1ST 2011

| | CAMPER(S) NAME | | SEX B / G | BIRTHDATE MM/DD/YY | PRESENT GRADE | 8 WEEKS 6/27- 8/19 | 7 WEEKS VARIABLE | 6 WEEKS VARIABLE | 5 WEEKS VARIABLE | 4 WEEKS VARIABLE |
|---|----------------|------|--------------|-----------------------|------------------|-----------------------|---------------------|---------------------|---------------------|---------------------|
| | FIRST | LAST | | | | | | | | |
| 1 | | | | / / | | | | | | |
| 2 | | | | / / | | | | | | |
| 3 | | | | / / | | | | | | |

List a friend you would like your child to be in the group with _____

Special requests and interests _____

Please Circle Weeks Below - variable week selection does not have to be consecutive

| Variable Week Selection | Camper 1 | 1 6/27-7/01 | 27/05-7/08 | 3 7/11-7/15 | 4 7/18-7/22 | 5 7/25-7/29 | 68/01-8/05 | 7 8/08-8/12 | 8 8/15-8/19 | Please Circle Weeks |
|-------------------------------|----------|-------------|------------|-------------|-------------|-------------|------------|-------------|-------------|---------------------------|
| | Camper 2 | 1 6/27-7/01 | 27/05-7/08 | 3 7/11-7/15 | 4 7/18-7/22 | 5 7/25-7/29 | 68/01-8/05 | 7 8/08-8/12 | 8 8/15-8/19 | |
| | Camper 3 | 1 6/27-7/01 | 27/05-7/08 | 3 7/11-7/15 | 4 7/18-7/22 | 5 7/25-7/29 | 68/01-8/05 | 7 8/08-8/12 | 8 8/15-8/19 | |

| | SENIOR PROGRAM (9-13 YRS.) | JUNIOR PROGRAM (5-8 YRS.) | NURSERY PROGRAM (3-4 YRS.) | | |
|-------------------------------|----------------------------|---------------------------|----------------------------|----------------|----------------|
| | 8 WEEKS | 7 WEEKS | 6 WEEKS | 5 WEEKS | 4 WEEKS |
| | \$5,195 | \$4,805 | \$4,330 | \$3,805 | \$3,200 |
| Additional week after 6/28/10 | | \$500 | \$535 | \$575 | \$610 |
| 2 nd child disc. | \$150 | \$135 | \$115 | \$95 | \$75 |
| 3 rd child disc. | \$300 | \$260 | \$225 | \$190 | \$150 |

| | OPTIONAL 3 DAY/WEEK NURSERY PROGRAM (3-4 YEARS) (MON., WED., FRI.) | | | | |
|-----------|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | 8 WEEKS | 7 WEEKS | 6 WEEKS | 5 WEEKS | 4 WEEKS |
| | \$3,150 | \$2,920 | \$2,635 | \$2,320 | \$1,950 |
| Check Box | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Teen-Age-CIT Program (Counselor-In-Training 14-15 years) | | | |
|--|----------------------------|----------------------------|---------------------------|
| Includes all entrance and admission fees. Teen activities include Movies, Bowling, Pro Sports, Theme Parks, Skating, Broadway Show, Awards Night & Banquet, etc. | | | |
| RESERVE EARLY SPACE IS LIMITED! | 8 WEEKS \$5,195 | 7 WEEKS \$4,805 | 6WEEKS \$4,330 |
| Please denote (CIT) next to camper name | | | |

TUITION INCLUDES
 TRANSPORTATION, HOT LUNCH & 2 SNACKS DAILY, CAMP T-SHIRT & BAG,
 TOWEL SERVICE, TRIPS, PIZZA PARTIES, BARBEQUES, CAMP GROUP PHOTO
 CAMPERS ACCIDENT INSURANCE, and SICKNESS REFUND PLAN

Camp day is 9:30AM to 4:30 PM

Extended hours 6:00 AM to 7:00 PM is available. \$3.00/Hour

****Camp will be closed Monday, July 4th in observance of Independence Day****

| | | |
|---------------------------------|--|--------------------------------------|
| For office use only D- RD | a. Licensed by Orange County Dept. of Health b. Inspected twice yearly, reports filed with the Department of Health Goshen, New York | COMPLETE BACK OF FORM |
|---------------------------------|--|--------------------------------------|

| | | |
|-----------------|----------------|----------|
| Mailing Address | City | Zip Code |
| Street Address | City | Zip Code |
| MOTHER | | FATHER |
| Name | Name | |
| Home Phone () | Home Phone () | |
| Work Phone () | Work Phone () | |
| Cell Phone () | Cell Phone () | |
| E-MAIL | E-MAIL | |
| Fax () | Fax () | |

| | | |
|--|--|--|
| EMERGENCY NAME | | |
| Person We Should Call if We CANNOT Contact You | Name _____ Home Phone () _____ Work Phone () _____ Cell Phone () _____ | Name _____ Home Phone () _____ Work Phone () _____ Cell Phone () _____ |

HEALTH HISTORY

| | Camper 1 Name _____ | Camper 2 Name _____ | Camper 3 Name _____ |
|--|------------------------|------------------------|------------------------|
| Allergies (Please List) | | | |
| Disability or Chronic or Recurring Illness | | | |
| Dietary Modifications | | | |
| Any Limitations on Activities | | | |
| Any Medication Being taken (Send with Instructions) | | | |
| Under Care of a Physician for any Condition (Please Describe) | | | |

Name of Family Physician _____ **Telephone ()** _____
 This health history is correct so far as I know, and the person(s) herein described has/have permission to engage in all prescribed camp activities except as noted above.

| | |
|---|---|
| TRANSPORTATION INFORMATION MUST BE COMPLETED FOR BUS PICK-UP <input type="checkbox"/> PLEASE CHECK BOX IF CAR SEAT IS NEEDED | PLEASE CIRCLE BEFORE CARE YES NO AFTER CARE YES NO |
| BUS PICK UP ADDRESS | |
| BUS DROP OFF ADDRESS | |
| ***** PLEASE BE SURE TO SIGN AND DATE FORM***** | |

| | |
|---|---|
| <p>TERMS OF AGREEMENT: BALANCE DUE MAY 1, 2011</p> <ul style="list-style-type: none"> • Deposit of \$300 (fully refundable before 5/01/11) to be paid for each camper with application • \$50 non-refundable by 6/1/11, no refunds after 6/1/11. • There are no refunds for absences, changes, or withdrawals after camp starts. • Change of session is subject to availability. • Refunds will be made after five (5) consecutive days of absence due to illness. This must be verified by a physician, and no refund will be made for the first five (5) days of absence or for any non-consecutive absences. • Upon cancellation, deposit will not be applied toward tuition of another camper. • Accurate and up to date medical forms must be submitted by June 1, 2011. | <p>I authorize the physician or nurse selected by Rosmarins Day Camp to render whatever treatment he/she may deem necessary in case of an emergency.</p> <ul style="list-style-type: none"> • Permission is hereby given for images to be taken of my child and used for promotional material. • Permission is hereby granted to Rosmarins Day Camp to take my child on trips outside camp. • The Camp is not responsible for camper's belongings lost or damaged at camp. • If fees are not paid in full, Parent or Guardian shall be liable for all costs of collection including attorneys fees. • The Camp reserves the right to dismiss, at its sole discretion, any camper, in which case no refunds will be made. |
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PARENT OR GUARDIAN'S SIGNATURE _____ DATE _____ 2011