



LAKEVIEW DAY CAMP

2010 Enrollment Application

505 Riva Avenue East Brunswick, NJ 08816

Tel: 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. 2010

	PARENT #1	PARENT #2
First Name	<input type="text"/>	<input type="text"/>
Preferred First Name	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>
Relationship to Camper	<input type="text"/>	<input type="text"/>
Home Phone	<input type="text"/>	<input type="text"/>
Work Phone	<input type="text"/>	<input type="text"/>
Cell Phone	<input type="text"/>	<input type="text"/>
Family Email	<input type="text"/>	<input type="text"/>

ADDRESS #1: Mailing Address Camper Home

Street

Town State Zip

ADDRESS #2: Mailing Address Camper Home

Street

Town State Zip

WELCOME TO LAKEVIEW!

<input checked="" type="checkbox"/> Check desired program	8 Weeks June 28 - Aug 20	7 Weeks* select weeks below	6 Weeks* select weeks below	1 st 4 Weeks June 28 - July 23	2 nd 4 Weeks July 26 - Aug 20
MAIN CAMP					
Full Day Program 1st - 6th Grade in Fall 2010	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JUNIOR CAMP					
Full Day Program (5 days) Pre-school & K in Fall 2010	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mini-Day Program (5 days) Pre-school & K in Fall 2010	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Day Program (3 days) Pre-school & K in Fall 2010	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEEN CAMP					
Trip Program 7th - 9th Grade in Fall 2010	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please Call For Current Tuition Rates
The tuition rate charged will be the rate in place on the date your application is received by our office.

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

Camp will be closed Monday, July 5, 2010 in honor of July 4th
 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 for to and from one address (mini-day depending on location), lunch, camp T-shirt and a backpack
 Program Times: Full day programs run 9:00 AM - 4:00PM; mini-day program runs 9:00 AM - 1:30PM;
 trip program runs 9:00 AM - 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, 2009. Full Payment is due by March 1, 2010. 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).

All payments are fully refundable until March 1, 2010. 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

Size for your child's complimentary T-shirt (check one): Youth: S M L Adult: S M L

(6-8) (10-12) (14-16)

If your child has friends at LakeView entering the same grade and would like to be grouped with them, please list here, and we will do our best to accommodate. Requests must be mutual. Please limit to two names.

If a family referred you to LakeView, please list their name here:

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

In case of an emergency and the camper's parents cannot be reached, please contact:

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

Own Transportation (OT):

AM OT

PM OT

If OT is selected, then no seat will be available on a bus.

Please check here if you require a phone call about transportation prior to May 15, 2010.

No transportation changes can be guaranteed after June 1st 2010.

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, and LakeView Day Camp has the right to utilize these in camp brochures and electronic, video, print, display and other materials.

I have read and agree to all terms, conditions and permissions on the enrollment application.

Parent Full Name (Please Print)

Parent Signature

Date