



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	1 st 4 Weeks June 24 - July 19	2 nd 4 Weeks July 22 - Aug 16
MAIN CAMP Full Day Program 1st - 7th Grade in Fall 2019	<input type="radio"/> \$6,345	<input type="radio"/> \$6,045	<input type="radio"/> \$5,745	<input type="radio"/> \$4,445	<input type="radio"/> \$4,445
KIDDIE KASTLE Full Day Program (5 days) Pre-school & K in Fall 2019	<input type="radio"/> \$5,245	<input type="radio"/> \$4,945	<input type="radio"/> \$4,445	<input type="radio"/> \$3,445	<input type="radio"/> \$3,445
TEEN CAMP Trip Program 7th - 9th Grade in Fall 2019	<input type="radio"/> \$7,545	<input type="radio"/> \$7,245	<input type="radio"/> \$6,945	<input type="radio"/> \$5,045	<input type="radio"/> \$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



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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 \$1,500 is due with this enrollment application. 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 final balance March 1, 2019.

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 \$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 upon enrollment 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 full remaining balance on March 1, 2019.

(If no selection is made, we will default to this second option and automatically charge your card on 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