

RAMBLING PINES DAY CAMP

Application For Enrollment 2012

Box 3, Route 518, Hopewell, New Jersey 08525
 Phone: (609) 466-1212 Fax: (609) 466-1196
 E-mail: funsummers@ramblingpines.com



Day Camp Mini Day ^{(5) 1/2 Days} Mini Camp ^{(3) Full Days M,W,F} Teen Camp

8 Weeks (June 25th - August 17th) 7 Weeks (*select weeks below)

6 Weeks (*select weeks below) 5 Weeks (*select weeks below) 4 Weeks (*select weeks below)
 3 Weeks (*select weeks below) 2 Weeks (*select 2 consecutive weeks below)

*Select weeks attending (6/25) (7/2) (7/9) (7/16) (7/23) (7/30) (8/6) (8/13)

Pre-Camp (6/18 - 6/22) Extended Camp (8/20 - 8/24) No Transportation Provided For Pre or Extended Camp

SESSION

Name _____ Sex _____ Birth Date _____ Age _____
(as of 7/1/2012)

Mailing Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone (Mom) _____

Township _____ Cell Phone (Dad) _____

School _____ Grade Entering in SEPTEMBER 2012 _____

CAMPER

Family E-mail _____ (please provide the best e-mail address for summer corresponding)

Transportation: (Unless otherwise indicated, your child(ren) will be provided camp transportation)

I want camp transportation (included in tuition) I don't want camp transportation I want Beforecare (additional charge) I want Aftercare (additional charge) I am using a Corporate Transportation site.

Transportation Address _____
(if other than mailing address, including a corporate site such as Merrill Lynch, Bristol Myers, J&J Skillman, Janssen, Ortho, etc...)

Two Friends You'd Like In Your Group 1. _____ 2. _____

How did you hear about us? (Mutual requests will be honored if possible.)

Previously Attended Friends Direct Mail Internet Search Internet Ad Newspaper _____

CAMPER SHIRT SIZE (fill the correct circle) Child (S) (6-8) (M) (10-12) (L) (14-16) Adult (S) (M) (L) (XL)

PARENTS/GUARDIANS

Camper lives with: Mother Father Both Other _____

Mother's Name _____ Name of Business _____

Business Phone _____

Father's Name _____ Name of Business _____

Business Phone _____

Send bill in name of:

Mother / Father / Other _____ Billing Address _____
(please circle your preference) (If different from above.)

Emergency contact person in the event both parents are unavailable:

Name _____ Phone _____ Relationship _____

Occasionally parents request information about other campers for the purpose of invitations or playdates.

Please check this box if you do not want your Name, Phone Number, or Address released to other parents.

TERMS OF ENROLLMENT

1. The camp may dismiss any camper whose behavior is deemed to be detrimental to the safety and well being of themselves and others.
2. Permission is granted to use any camp photographs or video images in which my child appears for online or print purposes.
3. Permission is granted to engage in all prescribed camp activities except as noted on the Camper Health History Form.
4. There will be no refunds or make-ups for absences or illness.
5. All changes must be submitted in writing. There is a \$25.00 office fee for all changes after June 15th.
6. Transportation is to and from the same location, but not guaranteed to non-residential locations.
7. There is a \$35.00 service fee for returned checks.
8. Full payment is required prior to the start of the camp season.

I am enclosing the \$800 required deposit and understand that I will pay all balances or any installments immediately when due.
 All deposits & tuitions are fully refundable until June 15th • Camp is closed on Wednesday, July 4th.

I AGREE TO BE FINANCIALLY RESPONSIBLE FOR ALL CHARGES.

Entered _____
 Revised 4/13/12

Signature of Parent or Guardian

Date

Signature of any other Financially Responsible Party

Date