

# RAMBLING PINES DAY CAMP

## Application For Enrollment 2010

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 <sup>(5) 1/2 Days</sup>     Mini Camp <sup>(3) Full Days M,W,F</sup>     Teen Camp

SESSION

8 Weeks (June 28th - August 20th)     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  (6/28)     (7/5)     (7/12)     (7/19)     (7/26)     (8/2)     (8/9)     (8/16)  
 Extended Camp Week (August 23rd - August 27th)

CAMPER

Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
 (as of 7/1/2010)  
 Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone (Dad) \_\_\_\_\_  
 Township \_\_\_\_\_ Cell Phone (Mom) \_\_\_\_\_  
 School \_\_\_\_\_ Grade Entering in SEPTEMBER 2010 \_\_\_\_\_  
 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. \_\_\_\_\_  
 (Mutual requests will be honored if possible.)

How did you hear about us?  
 Previously Attended     Friends     Yellow Pages     Newspaper (which?) \_\_\_\_\_     Internet \_\_\_\_\_

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 \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Name of Business \_\_\_\_\_  
 Business Phone \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Name of Business \_\_\_\_\_  
 Business Phone \_\_\_\_\_

Send bill in name of:  
 Father / Mother / Other \_\_\_\_\_ Bill 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 of 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 Monday, July 5th.

I AGREE TO BE FINANCIALLY RESPONSIBLE FOR ALL CHARGES.

Entered \_\_\_\_\_  
 Revised 5/5/10

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_ Signature of any other Financially Responsible Party \_\_\_\_\_ Date \_\_\_\_\_