



2010 Enrollment Application

The 2010 Camp Season Runs from Monday, June 28th - Friday, August 20th
 Camp will be closed Monday, July 5th for Independence Day

Child's Name	Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female
Winter Address	Birthdate Grade Sept. '10
.....	Stepping Stones: <input type="checkbox"/> 3 Years Old <input type="checkbox"/> 4 Years Old
Winter Phone	School
Dad's Name	Mom's Name
Dad's Work #	Mom's Work #
Dad's Cell #	Mom's Cell #
Dad's Email	Mom's Email

PLEASE ENROLL MY CHILD FOR THE 2010 SEASON IN THE PROGRAM SELECTED BELOW:
\$1,500 deposit on enrollment. Balance is due IN FULL May 15, 2010 (less any credits).

	Standard Tuition	Standard Tuition with 3% Pay In Full Credit	3 Year Old Mini-Day Tuition	3 Year Old Mini-Day Tuition with 3% Pay In Full Credit
<input type="checkbox"/> 8 Weeks	\$7,200	\$6,984	\$6,840	\$6,624
<input type="checkbox"/> 6 Weeks Circle Weeks: 1 2 3 4 5 6 7 8	\$6,850	\$6,645	\$6,508	\$6,302
<input type="checkbox"/> 4 Weeks <input type="checkbox"/> 1st 4 Weeks: 6/28 - 7/23 <input type="checkbox"/> 2nd 4 Weeks: 7/26 - 8/20	\$5,150	\$4,996	\$4,893	\$4,738
<input type="checkbox"/> Weekly Circle Weeks: 1 2 3 4 5 6 7 8	\$1,450	N/A	N/A	N/A

I would like to enroll my child in the 3 Year Old Mini-Day Program, ending daily at 1pm. *5% Mini-Day Credit*


CHOOSE FROM ONE OF THE FOLLOWING PAYMENT OPTIONS:

Standard Payment (Balance paid in full by May 15th, 2010)

Pay In Full (3% Credit) (Balance paid in full by January 31st, 2010)

PAYMENT METHOD (Tuitions fully refundable until February 28th, 2010):

VISA MasterCard AMEX Check Enclosed



Card Number Cardholder's Name

Expiration Date Billing Address

Payment Amount City, State, Zip

PLEASE SIGN ON REVERSE Cardholder's Signature

Extensions made after the first day of camp will be billed at 10% over the non-discounted rate.

There are no refunds for absences, changes, withdrawal or terminations.

Deposit is fully refundable through February 28th, 2010 (or 30 days after enrollment, whichever is later), less a \$250 Administrative Fee.

The \$250 Administrative Fee is also fully refundable within 30 days of enrollment. All payments above deposit are fully refundable through May 31st, 2010.

TRANSPORTATION (Included in Tuition, minimum of 4 week enrollment required)

- No, I will not be taking advantage of HCDC's bus transportation - I will be dropping off and picking up my camper daily
- Yes, my camper will be taking advantage of HCDC's bus transportation.

Transportation (Summer) Address:
 Transportation subject to availability for all enrollments received after May 31, 2010.

Terms Of Agreement

- (1) TUITION INCLUDES ALL CAMP ACTIVITIES, A T-SHIRT, A DAILY LUNCH, and TOTE BAG.
- (2) The required deposit shall be paid at time of registration and the full balance shall be paid by May 15th.
- (3) Due to the seasonal nature of summer camping and the set limitation of spaces offered, no refund shall be provided for absences, changes, withdrawals, or dismissal for cause.
- (4) For the safety and general welfare of all campers, the Camp reserves the unrestricted right to dismiss a camper whose conduct or influence, in the opinion of the director, is inimical to the best interests of the Camp.
- (5) Permission is hereby granted for photographs to be taken of the camper and the Camp has the right to utilize these photographs in camp brochures, on our website (password protected) and display material.
- (6) Permission is hereby granted to the Camp to take the child on trips outside camp as part of the regular camp program.
- (7) This contract constitutes the full understanding of the parties hereto and no change, modification or waiver of any of the terms shall be effective unless in writing and signed by both parties.
- (8) It is agreed that the venue and place of trial of any dispute that may arise out of this Agreement or otherwise, to which Hampton Country Day Camp, or its agents, is a party shall be in Nassau County, New York.

Medical Permission Statement

(Must be completed before your child can be admitted to camp)

I hereby give Hampton Country Day Camp permission to take my child to any hospital facility or outside doctor when deemed necessary. Furthermore, I hereby give permission to such hospital or outside doctor to authorize x-rays and emergency treatment if deemed necessary. I understand that all medical bills for service rendered by anyone other than the camp's medical staff are my responsibility.

I have read the Terms Of Agreement and the Medical Permission Statement above and understand its terms and accept its conditions. In the event that this Agreement is executed by one parent, I acknowledge that I am also acting as the agent of the other parent with authority to so enroll my child at Hampton Country Day Camp and to execute this Agreement on his or her behalf. I recognize that the Camp relies upon the representations herein made in accepting this enrollment.

I have read the Enrollment Agreement, and understand its terms and accept its conditions.

Parent's Signature

Date

Director's Signature

Date



www.hamptoncountrydaycamp.com
fun@hamptoncountrydaycamp.com

SUMMER ADDRESS:
PO Box 5089
East Hampton, New York 11937
Telephone: 631.537.1770
Fax: 631.907.3513

WINTER ADDRESS:
85 Crescent Beach Rd
Glen Cove, New York 11542
Telephone: 516.953.5171
Fax: 516.656.4215

