



# 2012 Enrollment Application

The 2012 Camp Season Runs from  
**Monday, June 25th - Friday, August 17th**  
 Camp will be closed Monday, July 2nd for Independence Day

Child's Name .....	Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female
Winter Address .....	Birthdate ..... Age Sept. '12 .....
.....	Stepping Stones: <input type="checkbox"/> 3 Years Old <input type="checkbox"/> 4 Years Old
Winter Phone .....	School .....
Parent's Name .....	Parent's Name .....
Parent's Work # .....	Parent's Work # .....
Parent's Cell # .....	Parent's Cell # .....
Parent's Email .....	Parent's Email .....

**PLEASE ENROLL MY CHILD FOR THE 2012 SEASON IN THE PROGRAM SELECTED BELOW:**  
 \$1,500 deposit on enrollment. Balance is due **IN FULL** May 15, 2012 (less any credits).

	Standard Tuition	3 Year Old Mini-Day Tuition
<input type="checkbox"/> <b>8 Weeks</b>	\$7,850	\$7,457.50
<input type="checkbox"/> <b>6 Weeks</b> Circle Weeks: 1 2 3 4 5 6 7 8	\$7,650	\$7,267.50
<input type="checkbox"/> <b>4 Weeks</b> <input type="checkbox"/> 1st 4 Weeks: 6/25 - 7/20 <input type="checkbox"/> 2nd 4 Weeks: 7/23 - 8/17	\$5,750	\$5,462.50
<input type="checkbox"/> <b>Weekly</b> Circle Weeks: 1 2 3 4 5 6 7 8	\$1,650	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*

PAYMENT METHOD	
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
<input type="checkbox"/> AMEX	<input type="checkbox"/> Check Enclosed
Card Number .....	Cardholder's Name .....
Expiration Date .....	Billing Address .....
Payment Amount .....	City, State, Zip .....
<b>PLEASE SIGN ON REVERSE</b>	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, 2012 (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, 2012.

## 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, 2012.

## 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, 2012.
- (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.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

**Hampton**  
COUNTRY DAY CAMP

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

**The TLC Family of  
Camps**