



# 2012 Post-Camp Application

The 2012 Post Season runs from  
Monday, August 20th - Friday, August 31st

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 POST-CAMP SEASON IN THE PROGRAM SELECTED BELOW:**  
\$500 deposit on enrollment. Balance is due IN FULL July 31st, 2012

	Standard Tuition	Mini-Day* Tuition			
<input type="checkbox"/> <table border="1"> <tr> <td> <b>1 Week</b>  <input type="checkbox"/> 1st Week: 8/20 - 8/24  <input type="checkbox"/> 2nd Week: 8/27 - 8/31                 </td> <td>\$1,325</td> <td>\$1,100</td> </tr> </table>	<b>1 Week</b> <input type="checkbox"/> 1st Week: 8/20 - 8/24 <input type="checkbox"/> 2nd Week: 8/27 - 8/31	\$1,325	\$1,100		
<b>1 Week</b> <input type="checkbox"/> 1st Week: 8/20 - 8/24 <input type="checkbox"/> 2nd Week: 8/27 - 8/31	\$1,325	\$1,100			
<input type="checkbox"/> <table border="1"> <tr> <td> <b>2 Weeks</b>                      8/20 - 8/31                 </td> <td>\$2,400</td> <td>\$2,100</td> </tr> </table>	<b>2 Weeks</b> 8/20 - 8/31	\$2,400	\$2,100		
<b>2 Weeks</b> 8/20 - 8/31	\$2,400	\$2,100			

10% Enrollment Credit for those enrolled for 2 Weeks (when enrolled for 8 weeks at HCDC)

\*Mini-Day Program runs from 9:00am - 1:00pm. Camp DOES NOT provide transportation home at 1:00pm.

## PAYMENT METHOD

VISA  MasterCard  AMEX  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 .....

There are no refunds for absences, changes, withdrawal or terminations.  
Deposit and all payments are fully refundable through July 31st, 2012.

## TRANSPORTATION *(Included in Tuition)*

- 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 July 31, 2012.

## Terms Of Agreement

- (1) TUITION INCLUDES ALL CAMP ACTIVITIES and A DAILY LUNCH. For all NEW CAMPERS we will provide a t-shirt and totebag.
- (2) The required deposit shall be paid at time of registration and the full balance shall be paid by July 31, 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**  
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fun@hamptoncountrydaycamp.com

**SUMMER ADDRESS:**  
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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

