

Executive Office
800-301-2267



Summer Camp Phone
718-983-7942
6/29 - 8/21

Former Customer

Yes No

P.O. Box 70159 • Staten Island, NY 10307

ENROLLMENT FORM 2020

CAMPER'S LAST NAME _____ PARENT'S LAST NAME (IF DIFFERENT) _____ CHILD(REN)'S FIRST NAME(S) _____

HOME ADDRESS _____ ZIP CODE _____ BEST CONTACT NUMBER _____

MALE _____ FEMALE _____ AGE OF CAMPER(S) _____ SHIRT SIZE(S) _____ # OF CAMP WKS _____

DATES OF ATTENDANCE _____ EMAIL ADDRESS (PLEASE PRINT) _____

EXTENDED HOURS AM ___ PM ___ (NO CHARGE) _____ MEAL PLAN (ADDT'L. CHARGE) YES ___ NO ___

FIVE DAY PROGRAM	PRICES EFFECTIVE THROUGH FEBRUARY 15TH FORMER CUSTOMER RATE	PRICES EFFECTIVE THROUGH APRIL 15TH EARLY ENROLLMENT	REGULAR SEASON RATE
8 WEEKS	\$2,660.00	\$2,760.00	\$2,790.00
7 WEEKS	\$2,570.00	\$2,660.00	\$2,690.00
6 WEEKS	\$2,410.00	\$2,510.00	\$2,560.00
5 WEEKS	\$2,250.00	\$2,350.00	\$2,400.00
*EXTENSION RATES FOR WEEKS 5,6,7, IS \$300.00 PER WEEK			
4 WEEKS	\$1,810.00	\$1,860.00	\$1,910.00
3 WEEKS	\$1,400.00 NT	\$1,450.00 NT	\$1,500.00 NT
2 WEEKS	\$1,000.00 NT	\$1,050.00 NT	\$1,100.00 NT
**EXTENSION RATES FOR INITIALLY ENROLLING IN WEEKS 2,3,4 IS \$450.00 PER WEEK			
*NT TRANSPORTATION NOT AVAILABLE FOR THE 2 & 3 WEEKS PROGRAMS			

BUS TRANSPORTATION

DO YOU WISH THE CAMP TO PROVIDE BUS TRANSPORTATION? YES NO

THERE IS A \$40.00 PER WEEK CHARGE PER FAMILY

PLEASE INDICATE IF PICK UP OR DROP OFF IS DIFFERENT FROM HOME ADDRESS

ADDRESS _____ ZIP CODE _____

THREE DAY / 4 WEEK PROGRAM - TRANSPORTATION NOT AVAILABLE

\$1,600.00 NT EACH ADDT'L WEEK \$400.00	\$1,700.00 NT EACH ADDT'L WEEK \$425.00	\$1,750.00 NT EACH ADDT'L WEEK \$437.50
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DAYS ATTENDING THREE DAY PROGRAM

M ___ T ___ W ___ T ___ F ___

CAMP DEPOSIT OF \$400.00 PER CHILD IS NON REFUNDABLE UNDER ANY CIRCUMSTANCES

5% DISCOUNT FOR FIRST RESPONDERS, MILITARY OR CSI EMPLOYEES (MUST SHOW ID)

CAMP POLICY 2020 - Staten Island Day Camp has significant set up costs; therefore the parents agree to the following: Deposits are non- refundable after 72 hours of signing the Enrollment Form. **Former Customer Rates are locked in as of February 16th any subsequent change will be calculated on the rates running at the time of the change. Shortening of camp stays after May 12th will be calculated on regular season rates. THERE WILL BE NO REFUNDS OF ANY TUITION AFTER May 12th.** The camp is not responsible for injuries outside of camp or illness of any kind, thus there will be no makeup days or return of tuition. The camp is not responsible for a child having to attend Summer School; there will be no refund of tuition. Changes in transportation after **May 12th** will only be considered if there is room on the new vehicle. Campers going 5 weeks or more are allowed one break in camp stay. The camp director reserves the right to remove a camper or parent from the program due to inappropriate behavior at the camp site or on the camps vehicles. Extended hours begin at 7:30 AM and end promptly end at 5:30 PM. The camp reserves the right to remove campers caregiver if he/she has abused the PM extended hours three separate times. Please make proper provisions to arrive on time as there will be no refund of tuition if you are removed for violating PM extended hour policy. Cell phones are not to be used at camp: they are distracting and might violate the privacy of others. There is a 3% administrative fee for each credit card transaction. There will be a \$50 fee for each returned check. The signer of the enrollment form is the person financially responsible for satisfying the tuition on time. All tuition is due by **June 10th** unless you are registered with one of the camps payment plans. It is the household's responsibility to call our office to arrange a plan. Each camper must have a camp health form on file and signed by a physician in order to attend the camp. It is the responsibility of the parent to submit said health form by **June 10th**; they can be downloaded from our web site @statenislanddaycamp.com. There will be no refunds for families failing to present the Health Form in a timely manner. It is the parents responsibility to notify the camp if their child will not be attending camp on any given day.

I HAVE READ THE ABOVE CAMP POLICY/CONTRACT AND AGREE WITH ALL THE TERMS AND CONDITIONS STATED.

PARENT SIGNATURE _____

CREDIT CARD NUMBER _____

NAME ON CREDIT CARD _____

ADDRESS ASSOCIATED WITH CARD _____ Zip code _____

EXP. DATE _____ SEC. CODE _____ **AMOUNT TO BE CHARGED** _____

CHECK ONE: [] VISA [] MASTERCARD [] DISCOVER

WE DO NOT ACCEPT DEBIT CARD OR AMERICAN EXPRESS • THERE IS A 3% ADMINISTRATION FEE FOR EACH TRANSACTION

***** IF YOU WISH TO BE ON THE CREDIT CARD PAYMENT PLAN, PLEASE FILL OUT THE CREDIT CARD PAYMENT PLAN FORM LOCATED ON THE WEB LISTED UNDER "FORMS" *****

PERSONAL INFORMATION: PLEASE INDICATE IF YOUR CHILD HAS ANY ALLERGIES, MEDICINES OR SPECIAL NEEDS THAT WILL MAKE YOUR CHILD'S ADJUSTMENT TO CAMP MORE ENJOYABLE.

If possible, please place my child with _____

TAX ID # 22-2334399 (CAMP TUITION IS TAX DEDUCTIBLE UNDER CERTAIN CONDITIONS)

EMERGENCY MEDICAL INFORMATION (Please complete accurately and sign)

Mother's Business/Cell Phone _____ Father's Business/Cell Phone _____

Address _____

Alternate E-mail Address: _____

Physician's Name _____ Phone _____

If I cannot be reached in case of an emergency please contact:

1. Name _____ Phone/Cell _____ Relationship _____

2. Name _____ Phone/Cell _____ Relationship _____

In the event that you cannot be contacted in an emergency, you hereby grant permission to the EMS Dispatched Vehicle to take your child to a hospital for treatment.

★ SIGNATURE OF PARENT OR GUARDIAN: _____ DATE _____

MANDATORY: WE MUST HAVE AT LEAST ONE PERSON OTHER THAN THE SIGNER OF THE ENROLLMENT FORM LISTED

CAMP RELEASE SECTION (Please complete accurately and sign)

CHILD/CHILDREN'S FIRST AND LAST NAME

I _____ give permission for my child/children to be released to the
PARENT NAME (PLEASE PRINT)

following people:

NAME

PHONE/CELL NUMBER

****MOTHERS AND FATHERS ARE NOT AUTOMATICALLY ASSUMED ELIGIBLE FOR CAMPER RELEASE UNLESS LISTED ABOVE****

★ SIGNATURE REQUIRED - _____

THANK YOU FOR COMPLETING THIS FORM SO WE MAY PROVIDE YOUR CHILD WITH THE ULTIMATE SAFE SUMMER CAMP EXPERIENCE

STATEN ISLAND DAY CAMP, INC.

TURN OVER



STATEN ISLAND DAY CAMP

P.O. Box 70159
Staten Island, New York 10307

VISIT US AT www.statenislanddaycamp.com

EVERY ATTEMPT WILL BE MADE TO PROVIDE AN ALTERNATE ACTIVITY BASED UPON THE NUMBER OF NEW SWIMMERS PER SESSION.

SWIM PROGRAM PERMISSION SLIP

AS PART OF THE REQUIREMENTS OF THE NEW YORK CITY DEPARTMENT OF HEALTH WE NEED YOUR CONSENT TO ALLOW YOUR CHILD/CHILDREN TO PARTICIPATE IN OUR SWIM PROGRAM. PLEASE COMPLETE THE FOLLOWING CONSENT FORM INCLUDING ALL INFORMATION AND SIGNATURE.

CAMPER(S) NAME(S) _____

PARENT NAME _____

I **GIVE** PERMISSION FOR MY CHILD/CHILDREN TO PARTICIPATE IN THE SWIM PROGRAM AT STATEN ISLAND DAY CAMP. I FURTHER ACKNOWLEDGE THAT THE SWIM PROGRAM WILL BE HELD ON MONDAYS, TUESDAYS, WEDNESDAYS AND THURSDAYS AT THE COLLEGE OF STATEN ISLAND. THE PROGRAM WILL BEGIN ON JULY 6th AND CONCLUDE ON AUGUST 13th.

PARENTS SIGNATURE _____ **DATE** _____

I **DO NOT** GIVE PERMISSION FOR MY CHILD/CHILDREN TO PARTICIPATE IN STATEN ISLAND DAY CAMPS' SWIM PROGRAM. ALTERNATE ACTIVITIES WILL BE PRESENTED DAILY BASED UPON THE NUMBER OF NON-SWIMMERS

PARENTS SIGNATURE _____ **DATE** _____