

2006 Summer Eti-Camp

ENROLLMENT APPLICATION

Date: _____

Camper's Name: _____ Girl Boy

Date of Birth: ____/____/____ School & Grade September, 2005: _____

Home Address: _____

City: _____ Zip Code: _____ Home Phone: _____

Mother's Name: _____ Occupation: _____ Business Phone: _____

Father's Name: _____ Occupation: _____ Business Phone: _____

In emergency call: _____ Phone: _____

Family Doctor: _____ Phone: _____

Please reserve a space for my daughter/son this coming summer for the following camp session:

Camp hours are 10:00am to 3:00pm, Monday to Friday.

First 2 Week session: **June 20th to July 1st \$798/session**

Each additional week*: **July 11th to august 19th \$345/week*** The 2 week session minimis request.

FAMILY DISCOUNTS

Deduct **\$100** for each additional **8-Week Camper** • Deduct **\$75** for each additional **6-Week Camper** • Deduct **\$50** for each additional **4-Week Camper**

OPER HOUSE SPECIAL

Enroll during the **open house** will get **\$50 off**.

EXTENDED HOURS PROGRAM

AM only: 8:30am-10:00am \$50/wk or \$12/day
PM only: 3:00pm-6:00pm \$50/wk or \$12/day
AM & PM: \$100/wk or \$24/day

Lunch menu available for \$6/day.

Is Camper a swimmer? ____ YES ____ NO if yes, what level? ____ Beginner ____ Intermediate ____ Advanced

What's the favor thing the camper like to do? _____

Does Camper have any disabilities, any recent sickness, or other conditions (including psychological issues). Please state here.

Use other side if necessary. _____

Has camper been treated by a mental health professional? If yes, please explain in detail on back of this page.

Does Camper have special dietary needs? (If Kosher, please indicate.) _____

Does Camper have any food allergies? (if yes, please specify): _____

All Campers receive 1 free t-shirt. Please indicate size: _____

Extra shirts may be ordered at \$9.50 each. Indicate size: _____ Quantity: _____

Backpack kit at \$25.00 each: _____ Sweatshirt at \$20.00 each: _____

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| Shirt sizes available: YOUTH Sm. (6-8), Med. (10-12) Large (14-16), Extra |
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Eti-Camp of Etiquette School of Grace Conditions of Enrollment

1. No refund will be made for the first five consecutive camp days of absence due to illness or accident. Beginning with the sixth camp day, a pro-rated refund will be made for each consecutive camp day the child is absent due to this illness. A doctor's certificate is required.
2. The camp is not responsible for the camper's equipment or personal belongings, while in transit or at camp, if lost or damaged by fire, theft or otherwise. **Please do not bring personal items from home.**
3. The Director reserves the right to deny, cancel, sever or suspend the enrollment of a child deemed in the child's best interest, or if the child's physical or mental condition, conduct, influence or behavior is deemed unsatisfactory or detrimental to the best interests of the camp, in which case a pro-rated refund will be made.
4. Parent(s) shall fully disclose in advance any pre-existing physical or mental illnesses, conditions or disabilities of the child. Parent(s) releases Eti-Camp of Etiquette School of Grace. From any and all claims, causes, or liabilities and agrees to indemnify and hold Eti-Camp of Etiquette School of Grace. Harmless in connection with any damages sustained as a result of any such non-disclosure. Director shall be permitted access to medical or psychological information of such condition(s).
5. Our nurturing, professional staff will make every effort to assure each child's adjustment to the camping environment. Any pro-rated refunds for adjustment withdrawals will be considered after a two-week trial period.
6. Parent gives permission for the camp to use any photographs, slides and videotapes in which his/her child/children may appear for advertising and publicity purposes.
7. Parent gives permission for child/children to participate in off-premises camp activities and field trips. (Parents will be notified in advance of these events.)

A minimum deposit of \$350 for each camper must accompany this application. I understand that no refund of deposit will be made after June 1, 2005. A \$25 processing fee will be deducted for cancellation before June 1, 2005. I agree to pay full tuition by June 10, 2005. I have read and agree to the Conditions of Enrollment.

Parent's Signature: _____