

St. Francis Summer Day Camp
528 Main Street
Metuchen, New Jersey 08840
(732) 548-3107
Enrollment Form

Dear Parents: **Please read, sign and mail this application and enrollment form:**

1. A \$75.00 registration fee for each child and \$100.00 security deposit for each child are due with this application.
2. Any application postmarked **before** April 1, 2008 **can deduct \$25.00 from each registration fee.**
3. The registration fee is in addition to the camp fee and is non-refundable. The \$100.00 security deposit is applied toward your total camp fee. If this security deposit is not received by April 4th we cannot guarantee your child (ren) a spot in camp. This security deposit is refundable until April 11, 2008. **If the balance is not paid by the dates below, this contract will be terminated.**
- 4). Remaining balance of the camp fee is due:
 - A. By check postmarked no later than June 2, 2008. No personal checks will be accepted after June 2nd; or
 - B. If your child is attending weeks 1 or 2; by cash, money order or certified check in the school office on the first day your child attends camp; or
 - C. If your child is attending week 3 or later: by cash, money order or certified check paid during week 1 or 2 of camp in the school office. **ALL TUITION MUST BE PAID BY, JULY 7, 2008.**
5. No child will be permitted in camp without the FULL tuition being paid and a completed and signed medical form (STATE LAW).
6. Make all checks payable to: **St. Francis**. There is a \$25.00 charge due immediately for any returned checks **in addition** to any fees owed to camp.
7. **ONCE CAMP BEGINS THERE WILL BE NO CREDITS OR REFUNDS OF ANY FEES FOR CANCELLATIONS, VACATONS, ILLNESSES OR ABSENCE OF ANY KIND.**
8. A 5% sibling discount for 2 children will be deducted from each child's tuition. A 10% discount for 3 or more children will be deducted from each child's tuition.
9. I give permission for my child's photo or video to be used in its camp literature and promotional materials.
10. TRIP CONSENT: Permission is granted to the staff at ST. FRANCIS SUMMER DAY CAMP to take my child on trips outside of the camp. The staff will exercise every reasonable precaution consistent with health care and safety. The camp reserves the right to change any scheduled trips or activities.
11. My child (ren) has permission to participate in all camp activities.
12. The camp does not provide lunch or snack for campers. However, we do refrigerate the lunch that you send or pack them in an ice cooler when going on trips. Please do not send lunches in lunch boxes because they take up too much room in the refrigerator. Brown bags leak. **Sealed plastic Ziploc bags are the best choices for lunches.**
13. Medication is administered only with **both** the doctor's **and** parent's written authorization. Prescription medication must be stored in its original prescription container.
14. The camp is not responsible for clothing or personal belongings lost on premises or trips.
15. Tuition includes camp T-shirt, camp activities, craft supplies and all local trips.
16. We reserve the right to remove any child from camp.
17. In the event of an emergency, if you or anyone you listed cannot be reached, you hereby grant permission to the staff to bring your child to the nearest hospital emergency room.
18. The last day of camp is August 22, 2008.
19. **Camp will close at 3:00 p.m. on July 3, 2008 and will be closed Friday, July 4, 2008.**

I have read this enrollment form in its entirety and agree to all the terms listed above.

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Please Print Name

Relationship

Adult Signature

Date

** Applications POSTMARKED before April 11, 2008 Send in signed application with \$150.00 per camper

** Applications POSTMARKED after April 11, 2008- Send in signed application with \$175.00 per camper.

** You can send in more toward your camp fess or pay in full if you'd like.

St. Francis Day Camp Application

Camper's Last Name
First Name:
Grade entering in Sept and school attending:
Home Phone Number:
Address:
City / State
Zip Code:
Mom's Full Name:
Mom's Business Number:
Mom's Cell Number:
Dad's Full Name:
Dad's Business Number:
Dad's Cell Number:
At least two more emergency numbers with names:
Siblings attending camp: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 or more
Shirt size: <input type="radio"/> Child's 10-12 <input type="radio"/> Child's 14-16 <input type="radio"/> Adult Small <input type="radio"/> Adult Medium <input type="radio"/> Adult Large <input type="radio"/> Adult XL

Check Program Desired:

- Regular Day
- Half Day
- Pick Your Own Day

Check Appropriate Box:
Do not use this for **Pick Your Own Day**

- All 8 weeks
- Week 1 June 30-July 4
- Week 2 July 7-11
- Week 3 July 14-18
- Week 4 July 21-25
- Week 5 July 28-Aug 1
- Week 6 Aug 4-8
- Week 7 August 11-15
- Week 8 August 18-22

Please check if you intend to use:

- Before Camp
- After Camp

Both services are for additional fees

Pick Your Own Days:

Fill in days that you will be attending:

Mon	Tues.	Wed.	Thurs.	Fri.
0 6/30	0 7/1	0 7/2	0 7/3	0 OFF
0 7/7	0 7/8	0 7/9	0 7/10	0 7/11
0 7/14	0 7/15	0 7/16	0 7/17	0 7/18
0 7/21	0 7/22	0 7/23	0 7/24	0 7/25
0 7/28	0 7/29	0 7/30	0 7/31	0 8/1
0 8/4	0 8/5	0 8/6	0 8/7	0 8/8
0 8/11	0 8/12	0 8/13	0 8/14	0 8/15
0 8/18	0 8/19	0 8/20	0 8/21	0 8/22

Parents must read and sign the application above.

Mail all applications to:

St. Francis Camp
528 Main Street
Metuchen, NJ 08840

No personal checks accepted after June 2