

Palisades Country Day Camp  
212/248 Herbert Avenue  
Closter, New Jersey 07624  
201 784-7600 ext 3  
Fax 201 784-8261  
www.palisadescountryday.com



## Camper Application 2017

Camper's Name \_\_\_\_\_ Girl \_\_\_\_\_ Boy \_\_\_\_\_

Birth Date \_\_\_\_\_ Age as of 06/30/17 \_\_\_\_\_ Grade/Class just completed \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Dr.'s #: \_\_\_\_\_

In the event of an emergency and we cannot contact you, who would you like us to call? Please note that emergency contacts do not have permission to pick up your child unless they are listed separately under Pick Up Permission below.

Emergency Contact #1: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Pick Up Permission:** List below any person, in addition to mom and dad, who has permission to pick up your child on your behalf. **If your emergency contact person(s) is not listed below, we cannot release your child to them.** If someone arrives to pick up your child and we have not been introduced and their name is not in our file, we WILL NOT allow your child to leave with them.

<u>Name</u>	<u>Address</u>	<u>Phone No.</u>
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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### Personal Information

School currently attending \_\_\_\_\_

Health comments: allergies, asthma, medications, limitations, dietary restrictions... \_\_\_\_\_

Please describe \_\_\_\_\_

\_\_\_\_\_

Does your child take prescription medication? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe \_\_\_\_\_

Additional information you feel would help your child's adjustment \_\_\_\_\_

\_\_\_\_\_

Please place with (maximum of 2 reciprocal requests) \_\_\_\_\_

## Choose Your Program

**\*\*\*PRICES DO NOT INCLUDE BUSING\*\*\***

Please circle weeks 1 2 3 4 5 6 7 8 Please circle days M-T-W-R-F

	6/26-8/18 8wks/5 days	6/26-8/18 8wks/3 days	Any 6 weeks 5 days	Any 6 weeks 3 days	6/26-7/21 or 7/24- 8/18 First or last 4 wks/5 days	6/26-7/21 or 7/24- 8/18 First or last 4 wks/3 days
Tiny Tots 18 Mths-3 Yrs 9 AM -12 PM	\$2,890	\$2,280	\$2,420	\$1,940	\$1,950	\$1,600
Tiny Tots 18 Mths-3 Yrs 9 AM -3 PM	\$5,675	\$4,460	\$4,740	\$3,780	\$3,800	\$3,095
3 & 4 Years 9 AM - 3 PM	\$5,675	\$4,460	\$4,740	\$3,780	\$3,800	\$3,095
3 Year Olds- 9-12pm	\$3,300	\$2,720	\$2,850	\$2,390	\$2,400	\$2,060
	6/26-8/18 8 wks/ 5 days		6 wks/ 5 days		4 wks/ 5 days	
5-8 Years 9 AM - 3 PM	\$5,675		\$4,740		\$3,800	

**\*\*Any combination of 4, 5 or 7 weeks is also available for all ages**

**\*Second Child Discount 10% Third Child 15%**

**\*\*Camp will be closed Tuesday, July 4<sup>th</sup>**

**(Discounts cannot be combined with 15% off Early Bird Special)**

**Busing is available for an additional fee. (Busing not available for tiny tots under 2.5 years old.)**

**Please indicate below if you will need busing.**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Bus Costs for 2017\*:**  
 4 weeks=\$480  
 6 weeks=\$720  
 8 weeks=\$960  
 \*based on availability

**Total Camp Tuition:** \_\_\_\_\_

**Busing:** \_\_\_\_\_

**Total Due:** \_\_\_\_\_

**Before and After Care are available from 8:00 am - 9:00 am and 3:00 pm - 5:00 pm for an additional fee of \$10 per hour. Please indicate below if you need B.C. or A.C. and the times that you will need.**

**Before Care:** \_\_\_\_\_ **After Care:** \_\_\_\_\_

### PARENTAL AUTHORIZATION - MUST BE SIGNED

I understand:

\*There is a deposit of \$500.00 per child that must accompany this application. (\$250 of which is a non-refundable application fee per child.)

\*All tuition and fees are fully refundable (less the \$250 application fee) until February 15, 2017.

\*All balances are due before May 1, 2017.

\*After the start of camp, there will be no refunds for absences, changes or withdrawals.

\*Any change in session is subject to availability.

\*The camp reserves the right to dismiss, in its sole discretion, any camper, whose condition, conduct, influence of behavior is deemed unsatisfactory or detrimental to the best interest of camp or his fellow camper or who violates camp rules or regulations, in which case no refunds will be made.

Permission is hereby given for the following:

\*In the case of emergency, for a physician selected by Palisades Country Day Camp to render treatment to my child.

\*Camper to participate in all camper activities and special events.

\*Transportation of camper for emergency medical treatment.

\*Photographs and/or video tapes to be taken of my child and used for promotional material unless otherwise stated.

**Parent's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_