

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 2018

Camper's Name _____ Girl ___ Boy ___

Birth Date: _____ Age as of 6/30/18 _____ Grade as of September 2018: _____

Address: _____ State: _____ Zip: _____

Home Phone:

E-Mail:

Parent 1 Name:

Work:

Cell:

Parent 2 Name: _____ Work: _____ Cell: _____

Doctor's Name: _____ Doctor'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 on the Pick Up Permission form.

Emergency Contact #1:

Home:

Cell:

Emergency Contact #2:

Home:

Cell:

How did you hear about us? (Check all that apply)

Google Search ___ Facebook _____ Bergen Mama ___ Rockland/ Bergen Parent _____
Instagram _____ NJ Kids _____ (201) Family ___ Suburbanite _____
Your Area's Best _____ A Friend (please list name so we may thank them!) _____
Local Event (event name) _____ Other _____

Personal Information

School currently attending: _____

Has your camper attended a camp before? Yes ___ No ___ Where: _____

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

	6/25-8/17 8wks/5 days	6/25-8/17 8wks/3 days	Any 6 weeks 5 days	Any 6 weeks 3 days	6/25-7/20 or 7/23-8/17 First or last 4 wks/5 days	6/25-7/20 or 7/23-8/17 First or last 4 wks/3 days
Tiny Tots 18 Mths-3 Yrs 9 AM -12 PM	\$2,990	\$2,380	\$2,520	\$2,040	\$2,050	\$1,700
Tiny Tots 18 Mths-3 Yrs 9 AM -3 PM	\$5,775	\$4,560	\$4,840	\$3,880	\$3,900	\$3,195
3 & 4 Years 9 AM – 3 PM	\$5,775	\$4,560	\$4,840	\$3,880	\$3,900	\$3,195
3 Year Olds- 9-12pm	\$3,400	\$2,820	\$2,950	\$2,490	\$2,500	\$2,160
	6/25-8/17 8 wks/ 5 days		6 wks/ 5 days		4 wks/ 5 days	
5-8 Years 9 AM – 3 PM	\$5,775		\$4,840		\$3,900	

****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 Wednesday, July 4th**

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

*****If using a credit/debit card for payments, a non-refundable 2.5% convenience fee will be charged per credit card transaction. There is no service fee to use a checking account.**

Busing is available for an additional fee. (Busing not available for tiny-tots under 2 years old.)

Please indicate below if you will need busing.

Yes No

Total Camp Tuition:

Busing:

Total Due:

Bus Costs for 2018*:
 4 weeks=\$480
 6 weeks=\$720
 8 weeks=\$960
 *based on availability

Before and After Care are available from 7:30 am - 8:45 am and 3:00 pm - 6:00 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 \$500 per child application fee that is non-refundable.

*All tuition and fees are fully refundable (less the \$500 application fee) until March 15, 2018.

* If enrolled after March 15th, payment is non-refundable.

*All balances are due before May 1, 2018.

*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: _____