

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: _____ City: _____ 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: _____