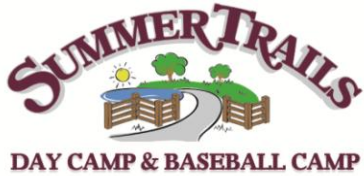


2018 Registration Agreement



June 25 through August 16, 2018 (Closed Wednesday, July 4)
P.O. Box 352 / 93 Mahopac Avenue
Granite Springs, NY 10527
PH: 914-245-1776 F: 914-245-1683
info@summertrailsdaycamp.com, www.summertrailsdaycamp.com

Camper's Name

Camper Name	Birth Date	Gender
Name of School	Grade Entering 9/2018	
Home Address		
City	State	Zip Home Phone

Registration is as easy as 1...2...3

1. Circle Program Type	2. Circle Weeks	3. Circle Days
Traditional (6-13 years old) Baseball (8-13 years old) Entering Nursery Full Day Entering Nursery Half Day Entering Kindergarten Full Day Entering Kindergarten Half Day LIT (14 years old, 2017 camper)	Week 1 (6/25-6/29) Week 2 (7/02-7/06) Week 3 (7/09-7/13) Week 4 (7/16-7/20) Week 5 (7/23-7/27) Week 6 (7/30-8/03) Week 7 (8/06-8/10) Week 8 (8/13-8/16)	Monday Tuesday Wednesday Thursday Friday

Additional Options & Services *(circle selections)*

Southwoods 5 Day Sleep Away Program <small>(Entering 5th-8th Grade. Must be enrolled in camp week #6)</small>	\$750 3 or 4 Day a Week Camper Price \$600 5 Day a Week Camper Price
Door to Door Transportation Weekly Fee	\$125 1 st camper, \$60 for 2 nd camper, \$30 for 3 rd camper per week
Shuttle Transportation Weekly Fee <small>(circle below)</small> <small>Mercy/ Triangle/ SIS/Rose Hill/ Briarcliff Library/Roaring Brook/Lakeview Elementary</small>	\$25 per camper per week

Extended Day Program

Morning and evening programs available - Own Transportation only.

By the Week (Extended Morning and Evening Combined)					
2 weeks	4 weeks	5 weeks	6 weeks	7 weeks	8 weeks
\$200	\$300	\$400	\$500	\$600	\$700
*Second and third child are 50% off the extended day program fees, fourth child free					

By the Day	
<u>Mornings</u> 7:30-9:00AM \$10 per day - M T W T F	<u>Evenings</u> 4:00-6:30PM \$18 per day - M T W T F

Signature	Date
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Signature is required by a custodial Parent/Guardian for enrollment and represents that the Parent/Guardian has read the terms on the reverse side. I hereby enroll my child as a Camper at Summer Trails and agree to pay the camp tuition and any fees for additional services, based on what I have selected, subject to all terms and policies outlined in this document, the Tuition Schedule, and Parent Handbook.

1. A deposit of \$750 per child must accompany registration agreement. A \$500 tuition installment is due on October 15, November 15, February 15, March 15 and the balance is due on May 1. Adherence to this payment schedule is required.
2. Deposits are 100% refundable until December 15. Deposits made after December 15 have a 10 day grace period. Deposits made after May 1 are nonrefundable.
3. A second child discount of \$25 per week is available for families registered for 4 or less weeks. A flat \$300 sibling discount will be applied to families that pay for 5 or more weeks. This sibling discount is based on our stated tuition rates.
4. No refunds for absences, withdrawals or change of enrollment will be made after June 1. Campers are not permitted to substitute, change, or make up days missed from their selected program.
5. Program extensions are subject to availability and when made after June 1st will be billed at the regular tuition rates. There are no refunds for program reductions after June 1.
6. We give permission to the medical personnel selected by the camp to provide routine health care, to administer medications, to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. In the event parents cannot be reached in an emergency, we give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the camper named on this agreement.
7. Parent represents they have provided the camper's history of physical, social, and/or mental medical condition, including allergies, surgical procedures, therapy programs, and/or regularly taken prescription medications.
8. Camp reserves the right to dismiss, in its sole discretion, any Camper whose condition, conduct, influence or behavior is deemed unsatisfactory or detrimental to the best interest of Camp or his/her fellow campers or who violates Camp rules and regulations, in which case no refunds will be made.
9. Permission is hereby granted for Summer Trails Day Camp Inc and for ventures directly related to Summer Trails Day Camp Inc to use for promotional purposes images of my child such as photographs, video and audio images or likenesses as well as statements, articles, names, music, art, photographs, audio recordings, films and videos created by my child originating from Summer Trails Day Camp Inc or from a camp related activity.
10. As parents, we understand the risks involved in Camp activities and that no environment is risk-free. We accept responsibility and grant permission for our child to participate in all Camp activities, program excursions and special outings as planned by the Camp. We are familiar with the Camp's policies and regulations and we have instructed our child on the importance of, and we agree to comply with, all Camp policies and regulations on website and in handbook.
11. We agree to provide a fully completed, accurate, and up to date medical form that must be submitted by May 15, 2018. Camp reserves the right to refuse to have a child on property without such medical forms on file.
12. We agree that any claims, disputes or cause of action arising from or related to this agreement may only be brought and maintained in a court of competent jurisdiction located within the State of New York, County of Westchester, and Parent expressly submits to the jurisdiction of such courts. In the event of any such legal action, the prevailing party shall be awarded the costs of litigation including attorneys and expert witness fees.
13. This completed form as well as all other camp forms may be photocopied for trips out of camp.

Parent Information

Parent 1

Parent 2

First Name	First Name
Last Name	Last Name
Cell Phone	Cell Phone
Email	Email
Work Phone	Work Phone
Occupation	Occupation

Emergency Contact (non parent):

Phone:

Relationship to Camper:

If Parents are divorced or separated: Who has legal Custody? _____ To whom should mailings and billings be sent? _____

Address of Parent who does not live with child _____

PAYMENT METHOD

I have enclosed a check My signature on the front of this document authorizes you to charge my credit card below in accordance with the tuition payment schedule outlined in #1 above

Visa MasterCard Discover American Express Credit Card # _____

Expiration Date _____ Security Code _____

For Office Use Only

Date Received	Fee	Deposit	Balance	Check #
Pin	Group	Office	Accounting	Director