



2019 Registration Agreement

June 27 - August 22, 2019 (closed Thursday, July 4th and Friday, July 5th)
 P.O. Box 352, Granite Springs, NY 10527
 914.245.1776 (ph) 914.245.1683 (fax)
www.summertrailsdaycamp.com info@summertrailsdaycamp.com

Camper Name	Birthdate	Gender
School	Grade Sept 2019	Home Phone
Home Address	City	State Zip

Please Circle or Mark all Applicable Areas

Select Programs:
 Traditional (1st-8th grade) Baseball (3rd grade and up) LIT (ent 9th grade) Intern (ent 10th grade) Ent PreK/K Half Day AM/PM
 Typical day is 9 to 4 - drop off begins at 8:50 and pick up is 4 to 4:30 (9:30 to 11:50 or 12:40 to 4)

Weeks: Week 1 (6/27-6/28, 7/1-7/3) Week 2 (7/8-7/12) Week 3 (7/15-7/19) Week 4 (7/22-7/26)
 Week 5 (7/29-8/2) Week 6 (8/5-8/9) Week 7 (8/12-8/16) Week 8 (8/19-8/22)

Days Attending: Monday Tuesday Wednesday Thursday Friday

Additional Program Options:
 Extended AM (7:30-9): Monday Tuesday Wednesday Thursday Friday
 Extended PM (4-6:30): Monday Tuesday Wednesday Thursday Friday

Camp Transportation: Own Door to Door Satellite Shuttle (Mercy, Triangle, SIS, Rose Hill, Briarcliff Library, Roaring Brook)

Southwoods 5 day Sleep Away Program - for campers entering 4th-8th grade. Must be enrolled in camp week 6

Tuition Includes: All camp activities, Red Cross swim lessons, camp t-shirt, backpack, daily digital camp photos, individual picture, daily snacks and hot lunch twice per week.

Loyalty Rates (Base Tuition below minus 10% for return families enrolled by 10/15/18)

Special Rates (Base Tuition below minus 5% for new and return families enrolled between 10/16/18 and 1/15/19)

		4 Weeks	5 Weeks	6 Weeks	7 Weeks	8 Weeks
Traditional Entering 1st-8th Baseball Entering 3rd-8th	5 Days	3900	4375	4850	5325	5800
	3 Days	2900	3200	3500	3800	4100
Entering PRE-K or K Full Day Program	5 Days	3000	3300	3600	3900	4200
	3 Days	2400	2575	2750	2925	3100
Entering PRE-K or K 1/2 DAYS	5 Days	2200	2400	2600	2800	3000
	3 Days	2000	2150	2300	2450	2600
LIT Program	5 Days	3200	3500	3800	4100	4400
Internship Program	5 Days	400	500	600	700	800
Extended Morning (12/day)	5 days	200	250	300	350	400
Extended Day (20/day)	5 days	250	325	400	475	550
Combined XMD	5 days	300	375	450	525	600
Door to Door Trans 2nd camper 50% off		480	600	720	840	960
Satellite Shuttles	Mercy College, Triangle Shopping Center, SIS, Rose Hill, Briarcliff Library, Roaring Brook				25/week	
Southwoods Sleepaway	5 day a week campers - 600		3 day a week campers - 750			
Call for program lengths not listed Sibling Discount - 2nd camper - \$200 (4 or less weeks) \$350 (5 or more weeks) Contact the office for sibling discount when enrolling 3 or more campers						

Signature

Date

Signature is required by a custodial parent or guardian
Please complete important contact information on back of this registration

Payment Schedule Information

Registration and first deposit:
 \$500 - Before 10/15/18
 \$750 - After 10/16/18
 \$1000 - After 2/1/19

Installments
 \$500 due on:
 November 1, December 1, February 1, March 1
 Remaining balance due on May 1st

Terms and Conditions

1. 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 terms and conditions outlined below in this document and the Parent Handbook
2. 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.
3. Program extensions are subject to availability and when made after June 1st will be at an increased in-season rate. Program reductions after May 1 will be subject to a \$50 per week fee.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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.
9. We agree to provide a fully completed, accurate, and up to date medical form that must be submitted by May 15th. Camp reserves the right to refuse to have a child on property without such medical forms on file.
10. 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.
11. This completed form as well as all other camp forms may be photocopied for trips out of camp.

Parent Contact Information

Parent 1	Parent 2
First Name	First Name
Last Name	Last Name
Email	Email
Cell Phone	Cell Phone
Work Phone	Work Phone
Occupation	Occupation

If parents are separated or divorced: Who has legal custody? _____ To whom should mailings and billings be sent? _____
 Address of parent that does not live with child _____

Emergency Contact (non parent)

Name: _____ Phone _____ Relationship to Camper _____

Payment Method

- I have enclosed a check
 My signature on this document authorizes you to charge my credit card in accordance with the tuition payment schedule

Visa MasterCard Discover American Express
 Credit Card # _____
 Expiration Date _____ Security Code _____

For Office Use Only

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