



1. A deposit of \$1500 per child must accompany registration agreement. A \$750 tuition installment is due on March 1st and the balance is due on April 15th. Adherence to this payment schedule is required.
2. Deposits are 100% refundable until April 15. Deposits made after April 15 have a 10 day grace period. Deposits are not refundable after April 15.
3. A second child discount of \$25 per week is available for families.
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 at an increased in-season rate. Program reductions after April 15 will be subject to a \$50 per week fee.
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, 2017. 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 Name: Last	First:	Work Phone:
Cell:	Email:	Occupation:
Parent Name: Last	First:	Work Phone:
Cell:	Email:	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 OR  My signature on the front of this document authorizes you to charge my credit card below in accordance with the tuition payment schedule - deposit now, sMarch 1st, April 15th

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_  
 We accept Visa, MasterCard, Discover and American Express

### For Office Use Only

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