



2020 Registration Agreement

June 29 - August 20, 2020 (closed Friday, July 3rd)

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 2020	Home Phone
Home Address	City	State Zip

Please Circle or Mark all Applicable Areas

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

Weeks:
 Week 1 (6/29-7/2) Week 2 (7/6-7/10) Week 3 (7/13-7/17) Week 4 (7/20-7/24)
 Week 5 (7/27-7/31) Week 6 (8/3-8/7) Week 7 (8/10-8/14) Week 8 (8/17-8/20)

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

Lunch Order Please circle number of servings Tuesdays Hot Dog 0, 1 or 2 Fridays Pizza 0, 1 or 2
(included in tuition)

Camp Transportation: Own End of Day Courtesy Shuttle (Jilco, Amawalk Firehouse)
 Door to Door Satellite Shuttle (Mercy, Triangle, SIS, Rose Hill, Briarcliff Library, Roaring Brook, Coman Hill)

Southwoods 5 day Sleep Away Program - for campers entering 4th-9th 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 10/1/19)

Special Rates (Base Tuition below minus 5% for new and return families enrolled between 10/2/19 and 1/15/20)

		2 Weeks	3 Weeks	4 Weeks	5 Weeks	6 Weeks	7 Weeks	8 Weeks	
Traditional Entering 1st-8th Baseball Entering 3rd-8th	5 Days	1995	2995	4000	4625	5250	5600	5950	
	3 Days	1550	2325	3100	3550	3850	4100	4350	
Entering PRE-K or K Full Day Program	5 Days	1550	2325	3100	3500	3900	4200	4500	
	3 Days	1300	1950	2600	2850	3100	3275	3450	
Entering PRE-K or K 1/2 DAYS	5 Days	1250	1875	2500	2725	2950	3175	3400	
	3 Days	1050	1575	2100	2275	2450	2625	2800	
LIT Program	5 Days	1650	2475	3300	3625	3950	4275	4600	
Intern Program	5 Days	600	600	600	750	900	1000	1100	
Extended Morning (15/day)	5 days	100	150	200	250	300	350	400	
Extended Day (24/day)	5 days	160	240	320	400	480	560	640	
Combined XMD (39/day) Additional siblings 1/2 off	5 days	240	360	480	600	720	840	960	
Door to Door Trans Additional siblings 75/week		250	375	500	625	750	875	1000	
Satellite Shuttles	Mercy College, Triangle Shopping Center, SIS, Rose Hill, Briarcliff Library, Roaring Brook, Coman Hill						50/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
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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 10/1/19
 \$750 - After 10/2/19
 \$1000 - After 1/16/20

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 with Westchester County Department of Health compliant vaccination record 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 attorney 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