

124 Indian Mountain Rd
Lakeville, CT 06039-1950
info@campslope.org
860/435-2557 or 800/545-9367
Fax: 860/435-2599



RECEIVED: _____
ENTERED: _____
PAYMENT: _____

2009 Summer Resident Camp Registration Form

CAMPER INFORMATION

Return Camper? _____ New Camper? _____ Male _____ Female _____

*For New Campers: I was referred by another camper: Name: _____

First Name: _____ Nickname: _____ Last Name: _____

DOB: _____ Grade in Fall of '09: _____ School _____
(MM/DD/YY)

Home/Mailing Address: _____
(Street/PO Box)

(City/Town) _____ (State) _____ (ZIP) _____ (Country) _____

Home Phone: _____ Camper E-Mail: _____
Email addresses will not be shared or sold.

Is the camper a Vegetarian? YES NO Food Allergies? YES NO Please name: _____
Please attach a separate sheet if necessary.

BUNKMATE REQUEST *One Only* –Must be reciprocal; Name: _____
Please **do not** place my child with: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____ Email: _____
Email Addresses will not be shared or sold

Parent/Guardian 2 Name: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____ Email: _____
Email Addresses will not be shared or sold

Primary residence of the camper: Mom _____ Dad _____ Both Parents _____
Please submit any visitation or custodial concerns in writing to the Director of Camping Services prior to your child's camping session.

EMERGENCY CONTACT NAME *(Please give us the name of someone other than a parent)*

Name: _____ Relationship: _____ Phone: _____
Cell Phone _____

HOW DID YOU HEAR ABOUT CAMP SLOANE? Please check all that apply.

- Friend/Family www.campslope.org Other Internet Site (Name): _____
 Referral Agency (Name): _____ Alumni Staff/Camper: _____
 Other: _____

REGULAR CAMP SESSIONS (Deposit of \$500.00 is required for regular camp sessions) Please check your choice(s) (√)

Two Week Sessions Campers must be entering grades 3- 10 to register.

Session 1	June 28 – July 11	\$1,334.00	<input type="checkbox"/>
Session 2	July 12 – 25	\$1,334.00	<input type="checkbox"/>
Session 3	July 26 – August 8	\$1,334.00	<input type="checkbox"/>
Session 4	August 9 – 22 (END OF CAMP)	\$1,334.00	<input type="checkbox"/>

Two Week Specialty Camps

Performing Arts Camp	July 26 –August 8	\$1464.00	<input type="checkbox"/>
Riding Camp	July 26 –August 8	\$1663.00	<input type="checkbox"/>
Adventure Camp 1 (12-15 yrs)	July 12 - 25	\$1612.00	<input type="checkbox"/>
Adventure Camp 2 (12-15 yrs)	July 26 –August 8	\$1612.00	<input type="checkbox"/>
Water Ski Camp 1 (12-15 yrs)	July 12 –25 very limited enrollment	\$1784.00	<input type="checkbox"/>
Water Ski Camp 2 (12-15 yrs)	July 26 –August 8 very limited enrollment	\$1784.00	<input type="checkbox"/>

ATTENTION: Please see our website for details on this new specialty camp program before signing up - www.campsloane.org

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One Week Sessions Campers must be entering grades 3-10 to register.

Session 1A	June 28 – July 4	\$ 704.00	<input type="checkbox"/>
Session 1B	July 5 – 11	\$ 704.00	<input type="checkbox"/>
Session 2A	July 12 – 18	\$ 704.00	<input type="checkbox"/>
Session 2B	July 19 – 25	\$ 704.00	<input type="checkbox"/>
Session 3A	July 26 – August 1	\$ 704.00	<input type="checkbox"/>
Session 3B	August 2 – August 8	\$ 704.00	<input type="checkbox"/>
Session 4A	August 9 – 15	\$ 704.00	<input type="checkbox"/>
Session 4B	August 16 – 22 (END OF CAMP)	\$ 704.00	<input type="checkbox"/>

LEAD 1 and LEAD 2 Camps “Lead, Experience, Act, Develop”

LEAD 1 is a two week program & LEAD 2 is a four week program. (A secondary application is required. Enrollment is limited)

LEAD 1	June 28 – July 11	(Entering 10 th grade)	\$1532.00	<input type="checkbox"/>
LEAD 1	July 12 – 25	(Entering 10 th grade)	\$1532.00	<input type="checkbox"/>
LEAD 2	July 26 – August 22	(Entering 11 th grade)	\$2976.00	<input type="checkbox"/>

Note: Campers entering 10th grade may also participate in the regular camp programs.

ENGLISH HORSEBACK RIDING LESSONS Weeks 1-8 at \$140.00/week (Limited enrollment)

Please indicate your first and second choice of weeks and we will make every effort to accommodate you. However, due to the limited space we may not be able to honor your request.

Session 1: Week 1 _____ Week 2 _____ **Session 2:** Week 3 _____ Week 4 _____
Session 3: Week 5 _____ Week 6 _____ **Session 4:** Week 7 _____ Week 8 _____

WATER SKIING LESSONS Week 1-8 at \$175.00/week. See Parent Manual for details (*Limited enrollment*)

Please indicate your first and second choice of weeks and we will make every effort to accommodate you. However, due to the limited space we may not be able to honor your request.

Session 1: Week 1 _____ Week 2 _____ **Session 2:** Week 3 _____ Week 4 _____
Session 3: Week 5 _____ Week 6 _____ **Session 4:** Week 7 _____ Week 8 _____

STORE ACCOUNT The camp store or “Canteen” is open daily and campers make purchases using a debit system. This debit account is activated by a deposit to the store account made by the parent/guardian and paid in full. If the store account is not prepaid the camper will be unable to make store purchases. **CAMPERS SHOULD NOT BRING CASH TO CAMP**

Canteen Account Recommendations: *1Wk:* \$35.00 *2Wks:* \$65.00 *4, 6, 8 Wks:* \$80.00 *Lead 2:* \$100.00

TRANSPORTATION *Please check the appropriate box. See 2009 Parent Manual for details. **Bus transport is available only at the beginning and end of two week sessions – Sessions 1, 2, 3 and 4. Train transport is available all sessions.***

Transportation-White Plains: 250 Bryant Avenue at the Memorial Methodist Church.

To Camp \$100.00 From Camp \$100.00 Round Trip \$180.00

Transportation-Manhattan: 86th & Amsterdam Avenue at the West Park Presbyterian Church.

To Camp \$120.00 From Camp \$120.00 Round Trip \$200.00

Transportation-Wassaic Train Station, Amenia, NY: Round Trip per Family \$50.00 (limit 6 people). \$50 fee covers *both beginning and end of session transportation*. This is for transport between camp and Wassaic station only. Train tickets are the responsibility of participants and family. Contact camp for pick up and drop off times.

Airport transportation can be arranged. Contact camp for more information before booking your flights.

DISCOUNTS AND REBATES

Sibling Discount: \$85.00 deducted from two week program fees for enrollment by each additional sibling registered for a two week program.

Bring a Friend to Camp Rebate: *For returning campers only* - Recruit 1 friend for two or more weeks of camp and receive a 25% rebate on a two week session! Recruit two friends for two or more weeks of camp and receive a 50% rebate on a two week session! One week programs do not apply. Rebates are not available with campership applications. Referrals must be listed on this application or in writing to the office **prior to attending camp**. See Parent Manual for details.

Referrals: 1 _____ 2 _____ for 2009

FEE & PAYMENT SUMMARY

Session Fees: \$ _____
 Riding: \$ _____
 Water Skiing: \$ _____
 Store Account \$ _____

TOTAL FEES: \$ _____

Less Deposit: (\$ _____)
\$500 Minimum Deposit Required

BALANCE DUE MAY 1: \$ _____

PAYMENT OPTIONS:

1. Check payable to Camp Sloane YMCA Check# _____
A \$25 fee will be charged for all returned payments.

2. Credit Card: Circle one: MC Visa Amex Discover

Card # _____ Exp _____ / _____
M/Y

Security Code: _____ Zip Code: _____

Name of Cardholder _____

Cardholder Signature: _____

FOR PAYMENT DUE ON MAY 1:

Please charge the Balance Due of \$ _____ to my credit card on or after May 1, 2009 (details shown above).

Cardholder Signature: _____

FOR PAYMENT OF MEDICAL EXPENSES:

Please charge my card for any medical expenses incurred in the event my child sees the doctor or requires a prescription.

Card # _____ Exp _____ / _____

Cardholder Signature: _____

ATTENTION, the registration is not complete without signatures to the following:

Camp Sloane YMCA Agreement with Parents and Campers

Parent:

I certify that I have read the following financial statements, fees and schedules, and understand the contents thereof.

- ◆ I have enclosed a deposit of \$500.00 for each session for which I have registered my child and recognize that this deposit is non-refundable after May 1, 2009.
- ◆ I agree to pay the balance of the fees by May 1, 2009, knowing that failure to do so may automatically cancel this registration.
- ◆ I understand that refunds on the balance of session, horseback riding or water skiing fees will not be granted after June 1, 2009, except in the case of verified illness or injury. Dismissal from camp and homesickness do not qualify for a refund.
- ◆ I grant permission for my son/daughter to participate in camp activities including out of camp trips under camp auspices.
- ◆ Permission is also granted to transport my child in camp designated vehicles for off-site trips and for emergency medical care.
- ◆ Permission is given to Camp Sloane to take and use photographs of my child for internet, advertising and publicity purposes.
- ◆ I understand the camp fees do not include health and accident insurance and I will be responsible for any and all charges incurred for my child’s medical attention.
- ◆ I certify that my son/daughter is amenable to discipline and free from habits or attitudes that would make him/her an unsuitable camper.
- ◆ I understand that I am responsible for reading and understanding the contents of the Camp Sloane YMCA Parent Manual and that the conditions therein are a binding part of this agreement.

Camper: (Parent, please read)

I want to become a camper at Camp Sloane YMCA. I agree to abide by camp rules. I will do my best to make this a good experience for myself and my fellow campers. I understand that failure to live up to this promise could result in my dismissal from camp without a refund.

Camper Signature

Date

Parent/Guardian Signature

Date