

2012 Summer Camp Registration Form



**ONLY ONE
CHILD PER FORM**

199 Taunton Lake Rd. • Marlton, NJ 08053 • Ph: 856-596-4250 • Fax: 856-596-4004

Child's Name: _____ Birth Date: _____ Age: _____

Register ONE child per form ONLY

Gender: _____ Grade NEXT September: _____

ATTENTION parents of campers entering PK/K: Hours for this age group are from 8:00 - 3:30. Extended Care is not available for PK/K.

Address: _____ City: _____ State: _____ Zip: _____

<p>Please indicate the enrollment option and dates desired:</p> <p><input type="checkbox"/> One Week Only - \$325/wk</p> <p><input type="checkbox"/> 2-8 weeks - \$290/wk</p> <p>Enrollment Dates (mark your weeks below):</p> <p><input type="checkbox"/> Week 1 - 6/25 <input type="checkbox"/> Week 5 - 7/23</p> <p><input type="checkbox"/> Week 2 - 7/2* <input type="checkbox"/> Week 6 - 7/30</p> <p><input type="checkbox"/> Week 3 - 7/9 <input type="checkbox"/> Week 7 - 8/6</p> <p><input type="checkbox"/> Week 4 - 7/16 <input type="checkbox"/> Week 8* - 8/13</p> <p><small>*Closed July 4th *4 p.m. dismissal on 8/17</small></p> <p>PM Extended Care needed? <i>Pick-up after 4pm</i> <small>(ATTN: Extended Care is NOT available for campers entering grades PK-K. Hours for this age group are 8:00-3:30)</small></p> <p><input type="checkbox"/> Yes (\$15 per week - add to tuition total to right)</p> <p><input type="checkbox"/> No, I will pick up <u>before</u> 4pm daily</p> <p>Transportation needed?</p> <p><input type="checkbox"/> No, parent will provide.</p> <p><input type="checkbox"/> Yes (\$95 per week - add to tuition to right)</p> <p>Payment Options:</p>	<p>Camp Tuition: _____ @ \$ _____ = \$ _____ <small># of weeks weekly rate</small></p> <p><i>Holiday Discount (10% off - register by January 15th)</i> - \$ _____</p> <p><i>Early Registration Discount (5% off - register <u>between</u> 1/16 & 3/1)</i> <small>-may not be combined with holiday discount</small> - \$ _____</p> <p><i>Early Payment Discount (5% off - pay in full by 3/1)</i> - \$ _____</p> <p><i>10% Sibling Discount (apply to sibling attending fewest # of weeks)</i> - \$ _____</p> <p>Total Tuition after Discounts: \$ _____</p> <hr/> <p>PM Extended Care (pick up after 4pm): _____ @ \$15/wk = + \$ _____ <small>(Campers entering grades 1-10 only) # of weeks</small></p> <p>Door-to-Door Transportation: _____ @ \$95/wk. = + \$ _____ <small># of weeks</small></p> <p>Total Camp Costs (tuition + extended care or bus) \$ _____</p> <hr/> <p>Amount Enclosed: _____ (\$100 deposit due with form) - \$ _____</p> <hr/> <p>Balance Due (6/1): <small>(Transportation cost is due by 4/1)...</small> \$ _____</p>
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Check enclosed (please make checks payable to Camp Creek Run)

Charge VISA/MC/AMEX # _____ Amount to charge \$ _____

Expiration Date: _____ Name on Card _____ Signature _____

Cardholder Address (if different from billing address below) _____

Please PRINT and fill out ALL info. for EACH child. This is the emergency contact info. for our files.

Parent 1 Name: _____ Parent 1 Home #: _____ Parent 1 Work #: _____

Parent 1 Cell #: _____ Parent 1 Email: _____

Parent 2 Name: _____ Parent 2 Home #: _____ Parent 2 Work #: _____

Parent 2 Cell #: _____ Parent 2 Email: _____

Billing Address *(Please list ONLY if this address is different from camper address above):* Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Please complete side 2 of this form. Registration is not complete without signature and required info on side 2.

Emergency Contacts: List two contacts other than parent(s) and/or custodial parent. (We will attempt to contact the parent(s) first in the event of an emergency.)

Emergency Contact #1 _____ Relationship to Camper _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact #2 _____ Relationship to Camper _____

Home Phone _____ Work Phone _____ Cell Phone _____

Pick-Up Authorization: List the individuals other than the parent(s) who are authorized to pick up applicant. If the emergency contacts listed above are authorized, write "same as above".

Pick-Up Person #1 _____ Relationship to camper _____

Pick-Up Person #2 _____ Relationship to camper _____

T-Shirt Size: Please mark the appropriate box for your child's T-shirt size .

Child XS Child S Child M Child L Adult S Adult M Adult L

Additional Information:

Is the applicant a returning camper? Yes No

Is the applicant a new camper? Yes* No

****If yes, please tell us how you learned about us by checking a box below!***

Friend or Acquaintance School Handout Internet Flier in the Mail Open House Yellow Pages MetroKids
Curious Parents Camp Fair (which one?) _____ Other (please specify) _____

Comments:

Participation Agreement:

I/We approve this application and certify that the applicant is capable of such an experience. I/We grant permission for applicant to participate in all camp activities. I/We agree to pay camp tuition in full by June 1st and understand that our reservation cannot be held without payment in full. Refunds on balances paid, less the deposit, may be made up until June 1st. After June 1st, refunds will not be made. I understand that no refunds will be given in the event that the applicant leaves early due to sickness, homesickness, or disruptive behavior. I/We understand that the applicant cannot make up sick days. I/We understand that Camp Creek Run is not responsible for lost, stolen, or damaged personal articles. I/We authorize Camp Creek Run to have and use photographs, slides, and/or videotape of the applicant for media/public relations purposes (individual camper names will NOT be used without permission).

PARENT/GUARDIAN SIGNATURE _____

By signing this form, I verify that I have read and agree to Camp Creek Run's policies and procedures which I have reviewed and understand are available at www.CampCreekRun.com or in writing by request.