



2012 APPLICATION MANHATTAN

SLDC.COM - Easy Online Enrollment

P.O. Box 176 • 234 Conklintown Road
Ringwood, New Jersey 07456 • (973) 831-9000



FAMILY INFORMATION

Family Name _____ Home Phone _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Family E-Mail _____

Yes, I want our address & phone number available to other families in my child(ren)'s group(s).

PARENT INFORMATION

Mother: Title (Dr. Mr. Mrs. Ms.) _____ First Name _____ Last _____

Bus. Phone _____ Cell Phone _____

Fax _____ E-Mail _____

Father: Title (Dr. Mr. Mrs. Ms.) _____ First Name _____ Last _____

Bus. Phone _____ Cell Phone _____

Fax _____ E-Mail _____

Parent's Marital Status: Married Divorced Separated Single Other _____

Additional mailing to go to: _____

CAMPER NAMES

1st Child _____ Grade (as of Sept. **2012**) _____

2nd Child _____ Grade (as of Sept. **2012**) _____

3rd Child _____ Grade (as of Sept. **2012**) _____

4th Child _____ Grade (as of Sept. **2012**) _____

FOR OFFICE USE ONLY _____ _____ _____ _____
--

TRANSPORTATION INFORMATION

Yes, my child(ren) may get off the van and enter the house without an adult present.

Special Transportation Needs: _____

All vans have seat belts and do not require car seats. Car seats are available upon request for mini day campers only.

Please check if you are requesting a car seat for your mini day camper.

EMERGENCY CONTACT INFORMATION:

In the event of an emergency, we will attempt to contact a parent.

Please provide two additional people who have authority to make all decisions regarding your child(ren) if we are unable to reach a parent.

1st Contact _____ **Relationship** _____ **Phone** _____ **Cell** _____

2nd Contact _____ **Relationship** _____ **Phone** _____ **Cell** _____

SPRING LAKE DAY CAMP - METHOD OF PAYMENT AND TERMS & CONDITIONS

DEPOSIT DUE WITH THIS ENROLLMENT APPLICATION - FULL BALANCE DUE APRIL 1, 2012

METHOD OF PAYMENT: Please choose one.



CHECK

Make checks payable
to Spring Lake Day Camp

PAYMENT AMOUNT AUTHORIZATION: Please check all that apply.

- Deposit of \$500 per camper is due with application.
 Pay balance in full by December 26, 2011 and receive a 2% discount off the total balance.
 Pay balance in full by April 1, 2012.

I authorize Spring Lake Day Camp to automatically charge the balance due to my credit card on file unless I notify and give Spring Lake Day Camp a different credit card or form of payment prior to the payment date checked above.

Please provide the requested information and sign below to authorize Spring Lake Day Camp to charge your credit card for the amount(s) indicated.

Card Number _____ Exp. Date (month/year) _____ Security Code _____

Billing Address _____ City _____ State _____ Zip _____

Cardholder Name (please print) _____ Signature _____

SLDC • P.O. Box 176 • 234 Conklintown Road • Ringwood, New Jersey 07456 • phone: (973) 831-9000 • fax: (973) 831-9174

FOR OFFICE USE ONLY

D.R. _____ DEP _____

CK _____ TUIT _____

REC# _____ CRED _____

REC# _____ TUIT2 _____

D. A/R _____ CRED 2 _____

DATE _____ AMT _____

DATE _____ AMT _____

DATE _____ AMT _____

TERMS OF AGREEMENT: BALANCE DUE April 1, 2012

- PAYMENT AND CANCELLATION:** \$500 deposit per camper to accompany application. All cancellations must be in writing. All tuition payments are fully refundable less the following cancellation fees: \$250 per camper if cancellation is received by April 1st; \$500 per camper if cancellation is received between April 2nd and June 1st; \$750 per camper if cancellation is received after June 1st until the start of your camp session. There are no refunds for absences, change of sessions or withdrawals after your camp session begins. Change of session is subject to availability. Upon cancellation, deposit will not be applied toward tuition of another family member. Unless notified, credit card payments will be automatically billed as per terms and conditions above. **Prices are subject to change at any time until deposit and enrollment application are received.**
- RULES AND REGULATIONS:** The camper ("Camper") and parent(s) ("Parent") agree to abide by all of the rules and regulations established by Spring Lake Day Camp ("Camp"), including, without limitations, those relating to enrollment and withdrawal of campers and visitation.
- DISMISSAL OF CAMPER:** The 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 fellow campers or who violates camp rules and regulations, in which case no refunds will be made.
- REFUNDS:** Refunds will be made after five (5) consecutive days of absence due to illness. This must be verified by a physician, and no refund will be made for the first five (5) days of absence or for any non-consecutive absences.
- MEDICAL CARE:** Parent grants permission to the physician or nurse selected by Camp to render whatever treatment (including dental and orthodonture) Camp deems necessary in case of an emergency.
- MEDICAL FORMS: MEDICAL FORMS MUST BE VALID THROUGH THE CURRENT CAMP CALENDAR YEAR.** Accurate and up to date Medical Forms must be submitted by May 1, 2012 or sooner. Date of camper's annual physical must be within one year of the current camp calendar year or completed after August 16, 2011. Camp reserves the right to not pick up campers without a current medical form on file. I authorize the physician or nurse selected by Camp to render whatever treatment he/she may deem necessary in case of an emergency. Camp carries excess camper accident medical insurance coverage.
- CAMPER MEDICAL INFORMATION:** Parent must inform the nurse and/or director prior to registration if Camper has received professional counseling or medication for behavioral modification during the last 12 months. Parent must also inform the nurse and/or director immediately if such care or medication occurs after registration and prior to the camp season. If you plan to take your child off prescribed medication for the camp season, you must discuss this with the nurse and/or director prior to enrolling your child in camp. Failure to inform the nurse and/or director may lead to dismissal of Camper from Camp, and, in the event of such dismissal, there will be no refund.
- IMAGES, ETC:** Permission is hereby given for Camp to use in promoting the Camp and in other ventures directly relating to the Camp (i) Camper's photographs, video and audio images or likenesses, and (ii) statements, articles, names, music, art, photographs, audio recordings, films and videos created by Camper and originating from Camp or from a Camp-related activity.
- BELONGINGS:** Camp is not responsible for Camper's belongings or equipment while in transit or at Camp.
- VISITING & TRANSPORTATION CHANGES:** Visiting is by appointment only. Proper ID is required at front gate. Requests for daily van changes are only made for priority reasons and will only be honored if there is room on the requested van. Requests should be made in advance in writing and should be received no later than 11 AM. Parent pick-up of children at camp should not be after 3:00 PM unless prior notification has been given. See Parent Handbook for details.
- COLLECTION COSTS:** If payment is not made on time, the Camp reserves the right to charge a late fee of \$100 per month. Parent or Legal Guardian shall be liable for all costs of collection, including attorney's fees, if tuition and fees are not paid in full.
- DISPUTES:** All claims or disputes arising from or related to this Agreement shall be brought and maintained in the courts of the State of New Jersey, and Parent expressly submits to the jurisdiction of such courts. Any individual bringing legal action against Camp, which action is decided in favor of Camp will be responsible for all legal fees, court cost and out-of-pocket expenses of Camp, its owners and employees.

PERMISSION TO PARTICIPATE: Parent grants Camper permission to participate in all Camp activities including the adventure challenge course, climbing wall, zip line and Eurobugy except if notified to the contrary. Parent agrees to allow Camp to take Camper on excursions and special outings outside of camp should the need arise.

PARENT OR GUARDIAN'S SIGNATURE _____ **DATE** _____

The parent or guardian who signs this enrollment application agrees to all the terms listed above and represents that he/she has full authority to do so and will be responsible for payment of all camp fees.

FIRST CAMPER:

Last Name _____ First Name _____ Nickname (if any) _____ Male Female

Birth Date _____ Age (as of Sept. **2012**) Years _____ Months _____ **LAST YEAR'S GROUP** _____

Grade (as of Sept. **2012**) _____ School _____ Last Camp Child Attended _____

If possible, I would like my child placed with: (entering same grade - **ONE REQUEST ONLY**) _____

T-Shirt Size: Youth: XS (4-6) S (6-8) M (10-12) L (14-16) Adult: S M L XL

ALLERGIES: None Dairy Nuts Other _____

Camper's Doctor _____ Phone _____

Does your child have any significant health issues? Yes No If so, explain _____

Does your child take any medication to be administered by the camp nurse and/or director? Yes No

If yes, what kind? _____

My child requires use of the following emergency medication: Epipen Inhaler Other _____

Please list any special services that your child receives during the school year _____

Please have the nurse contact me before camp begins. Notes: _____

Special Interests/Activities: _____

FULL DAY PROGRAM: Ages: 4-15 (preK to entering 10th grade), 9:00 am to 4:00 pm, Monday - Friday			
<i>Select from the session options below:</i>	Ages: 4-15	JTP+ 9th Grade	LTP++ 10th Grade
FULL SESSION (8 WEEKS): June 25 - August 16	<input type="checkbox"/> \$6395	<input type="checkbox"/> \$5695	<input type="checkbox"/> \$3150
ANY 7 WEEKS: List week not attending _____	<input type="checkbox"/> \$6195	<input type="checkbox"/> \$5495	
ANY 6 WEEKS: List weeks not attending _____	<input type="checkbox"/> \$5895	<input type="checkbox"/> \$5195	
ANY 5 WEEKS: List weeks not attending _____	<input type="checkbox"/> \$5095	<input type="checkbox"/> \$4595	
FIRST 4 WEEKS: June 25 - July 20	<input type="checkbox"/> \$4095	<input type="checkbox"/> \$3795	
SECOND 4 WEEKS: July 23 - August 16	<input type="checkbox"/> \$4095	<input type="checkbox"/> \$3795	

+ Jr. Training Program for campers entering 9th grade. Limited availability to 40 campers. Program consists of 3 days leadership training with specialists for half day, lunch and planned activities in the afternoon and 2 days JTP trips. Optional Trip Program at an additional cost.

++ Leadership Training Program is full session only and is for campers entering 10th grade.

First 4 Weeks					
	M	T	W	T	F
Week 1	25	26	27	28	29
Week 2	2	3	X	5	6
Week 3	9	10	11	12	13
Week 4	16	17	18	19	20

Second 4 Weeks					
	M	T	W	T	F
Week 5	23	24	25	26	27
Week 6	30	31	1	2	3
Week 7	6	7	8	9	10
Week 8	13	14	15	16	X

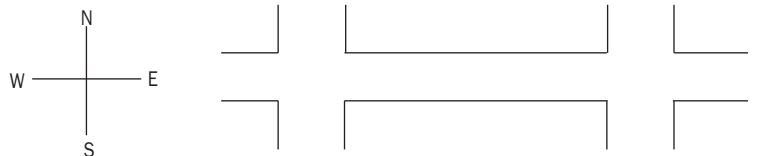
TRANSPORTATION INFORMATION

MUST BE COMPLETED FOR VAN PICK-UP

- Show exact location of building by marking map with an X.
- Fill in all streets bordering your building.
- If one way street, indicate with an arrow which direction.
- Can your child get off the van and enter the building without an adult present? Yes No

We live between these two streets: _____ and _____

Note: Transportation will be door to door if possible or nearest corner.



TRANSPORTATION COMMENTS: _____

FOR ALL FULL DAY PROGRAMS:	
HOT LUNCH INCLUDED: <i>Professionally Catered.</i> Daily Substitutes and Salad Bar. Spring Lake adheres to a nut-aware policy.	TUITION INCLUDES: <ul style="list-style-type: none"> Air-Conditioned, Seat Belted Mini-Bus Transportation Morning and Afternoon Snacks Provided Daily 2 Uniform Camp Shirts plus Group Photo

SECOND CAMPER:

SECOND CAMPER PER FAMILY RECEIVES 5% DISCOUNT (applies to camper with 2nd lowest tuition)

Last Name _____ First Name _____ Nickname (if any) _____ Male Female

Birth Date _____ Age (as of Sept. **2012**) Years _____ Months _____ **LAST YEAR'S GROUP** _____

Grade (as of Sept. **2012**) _____ School _____ Last Camp Child Attended _____

If possible, I would like my child placed with: (entering same grade - **ONE REQUEST ONLY**) _____

T-Shirt Size: Youth: XS (4-6) S (6-8) M (10-12) L (14-16) Adult: S M L XL

ALLERGIES: None Dairy Nuts Other _____

Camper's Doctor _____ Phone _____

Does your child have any significant health issues? Yes No If so, explain _____

Does your child take any medication to be administered by the camp nurse and/or director? Yes No

If yes, what kind? _____

My child requires use of the following emergency medication: Epipen Inhaler Other _____

Please list any special services that your child receives during the school year _____

Please have the nurse contact me before camp begins. Notes: _____

Special Interests/Activities: _____

FULL DAY PROGRAM: Ages: 4-15 (preK to entering 10th grade), 9:00 am to 4:00 pm, Monday - Friday			
<i>Select from the session options below:</i>	Ages: 4-15	JTP+ 9th Grade	LTP++ 10th Grade
FULL SESSION (8 WEEKS): June 25 - August 16	<input type="checkbox"/> \$6395	<input type="checkbox"/> \$5695	<input type="checkbox"/> \$3150
ANY 7 WEEKS: List week not attending _____	<input type="checkbox"/> \$6195	<input type="checkbox"/> \$5495	
ANY 6 WEEKS: List weeks not attending _____	<input type="checkbox"/> \$5895	<input type="checkbox"/> \$5195	
ANY 5 WEEKS: List weeks not attending _____	<input type="checkbox"/> \$5095	<input type="checkbox"/> \$4595	
FIRST 4 WEEKS: June 25 - July 20	<input type="checkbox"/> \$4095	<input type="checkbox"/> \$3795	
SECOND 4 WEEKS: July 23 - August 16	<input type="checkbox"/> \$4095	<input type="checkbox"/> \$3795	

+ Jr. Training Program for campers entering 9th grade. Limited availability to 40 campers. Program consists of 3 days leadership training with specialists for half day, lunch and planned activities in the afternoon and 2 days JTP trips. Optional Trip Program at an additional cost.

++ Leadership Training Program is full session only and is for campers entering 10th grade.

First 4 Weeks					
	M	T	W	T	F
Week 1	25	26	27	28	29
Week 2	2	3	X	5	6
Week 3	9	10	11	12	13
Week 4	16	17	18	19	20

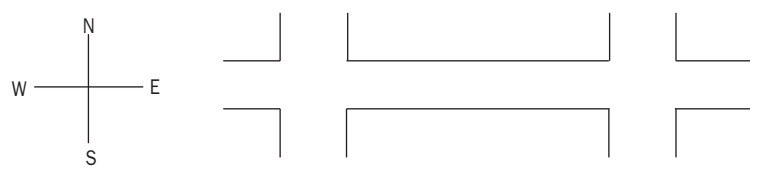
Second 4 Weeks					
	M	T	W	T	F
Week 5	23	24	25	26	27
Week 6	30	31	1	2	3
Week 7	6	7	8	9	10
Week 8	13	14	15	16	X

TRANSPORTATION INFORMATION

MUST BE COMPLETED FOR VAN PICK-UP

- Show exact location of building by marking map with an X.
- Fill in all streets bordering your building.
- If one way street, indicate with an arrow which direction.
- Can your child get off the van and enter the building without an adult present? Yes No

We live between these two streets: _____ and _____
 Note: Transportation will be door to door if possible or nearest corner.



TRANSPORTATION COMMENTS: _____

FOR ALL FULL DAY PROGRAMS:	
HOT LUNCH INCLUDED: Professionally Catered. Daily Substitutes and Salad Bar. Spring Lake adheres to a nut-aware policy.	TUITION INCLUDES: <ul style="list-style-type: none"> Air-Conditioned, Seat Belted Mini-Bus Transportation Morning and Afternoon Snacks Provided Daily 2 Uniform Camp Shirts plus Group Photo

THIRD CAMPER:

THIRD CAMPER PER FAMILY RECEIVES 10% DISCOUNT (applies to camper with 3rd lowest tuition)

Last Name _____ First Name _____ Nickname (if any) _____ Male Female

Birth Date _____ Age (as of Sept. **2012**) Years _____ Months _____ **LAST YEAR'S GROUP** _____

Grade (as of Sept. **2012**) _____ School _____ Last Camp Child Attended _____

If possible, I would like my child placed with: (entering same grade - **ONE REQUEST ONLY**) _____

T-Shirt Size: Youth: XS (4-6) S (6-8) M (10-12) L (14-16) Adult: S M L XL

ALLERGIES: None Dairy Nuts Other _____

Camper's Doctor _____ Phone _____

Does your child have any significant health issues? Yes No If so, explain _____

Does your child take any medication to be administered by the camp nurse and/or director? Yes No

If yes, what kind? _____

My child requires use of the following emergency medication: Epipen Inhaler Other _____

Please list any special services that your child receives during the school year _____

Please have the nurse contact me before camp begins. Notes: _____

Special Interests/Activities: _____

FULL DAY PROGRAM: Ages: 4-15 (preK to entering 10th grade), 9:00 am to 4:00 pm, Monday - Friday			
<i>Select from the session options below:</i>	Ages: 4-15	JTP+ 9th Grade	LTP++ 10th Grade
FULL SESSION (8 WEEKS): June 25 - August 16	<input type="checkbox"/> \$6395	<input type="checkbox"/> \$5695	<input type="checkbox"/> \$3150
ANY 7 WEEKS: List week not attending _____	<input type="checkbox"/> \$6195	<input type="checkbox"/> \$5495	
ANY 6 WEEKS: List weeks not attending _____	<input type="checkbox"/> \$5895	<input type="checkbox"/> \$5195	
ANY 5 WEEKS: List weeks not attending _____	<input type="checkbox"/> \$5095	<input type="checkbox"/> \$4595	
FIRST 4 WEEKS: June 25 - July 20	<input type="checkbox"/> \$4095	<input type="checkbox"/> \$3795	
SECOND 4 WEEKS: July 23 - August 16	<input type="checkbox"/> \$4095	<input type="checkbox"/> \$3795	

+ Jr. Training Program for campers entering 9th grade. Limited availability to 40 campers. Program consists of 3 days leadership training with specialists for half day, lunch and planned activities in the afternoon and 2 days JTP trips. Optional Trip Program at an additional cost.

++ Leadership Training Program is full session only and is for campers entering 10th grade.

First 4 Weeks					
	M	T	W	T	F
Week 1	25	26	27	28	29
Week 2	2	3	X	5	6
Week 3	9	10	11	12	13
Week 4	16	17	18	19	20

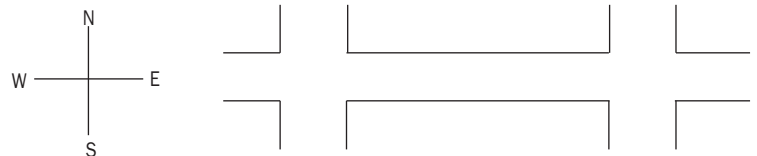
Second 4 Weeks					
	M	T	W	T	F
Week 5	23	24	25	26	27
Week 6	30	31	1	2	3
Week 7	6	7	8	9	10
Week 8	13	14	15	16	X

TRANSPORTATION INFORMATION

MUST BE COMPLETED FOR VAN PICK-UP

- Show exact location of building by marking map with an X.
- Fill in all streets bordering your building.
- If one way street, indicate with an arrow which direction.
- Can your child get off the van and enter the building without an adult present? Yes No

We live between these two streets: _____ and _____
 Note: Transportation will be door to door if possible or nearest corner.



TRANSPORTATION COMMENTS: _____

FOR ALL FULL DAY PROGRAMS:	
HOT LUNCH INCLUDED: Professionally Catered. Daily Substitutes and Salad Bar. Spring Lake adheres to a nut-aware policy.	TUITION INCLUDES: <ul style="list-style-type: none"> Air-Conditioned, Seat Belted Mini-Bus Transportation Morning and Afternoon Snacks Provided Daily 2 Uniform Camp Shirts plus Group Photo

FOURTH CAMPER:

FOURTH CAMPER PER FAMILY RECEIVES 15% DISCOUNT (applies to camper with 4th lowest tuition)

Last Name _____ First Name _____ Nickname (if any) _____ Male Female

Birth Date _____ Age (as of Sept. **2012**) Years _____ Months _____ **LAST YEAR'S GROUP** _____

Grade (as of Sept. **2012**) _____ School _____ Last Camp Child Attended _____

If possible, I would like my child placed with: (entering same grade - **ONE REQUEST ONLY**) _____

T-Shirt Size: Youth: XS (4-6) S (6-8) M (10-12) L (14-16) Adult: S M L XL

ALLERGIES: None Dairy Nuts Other _____

Camper's Doctor _____ Phone _____

Does your child have any significant health issues? Yes No If so, explain _____

Does your child take any medication to be administered by the camp nurse and/or director? Yes No

If yes, what kind? _____

My child requires use of the following emergency medication: Epipen Inhaler Other _____

Please list any special services that your child receives during the school year _____

Please have the nurse contact me before camp begins. Notes: _____

Special Interests/Activities: _____

FULL DAY PROGRAM: Ages: 4-15 (preK to entering 10th grade), 9:00 am to 4:00 pm, Monday - Friday			
<i>Select from the session options below:</i>	Ages: 4-15	JTP+ 9th Grade	LTP++ 10th Grade
FULL SESSION (8 WEEKS): June 25 - August 16	<input type="checkbox"/> \$6395	<input type="checkbox"/> \$5695	<input type="checkbox"/> \$3150
ANY 7 WEEKS: List week not attending _____	<input type="checkbox"/> \$6195	<input type="checkbox"/> \$5495	
ANY 6 WEEKS: List weeks not attending _____	<input type="checkbox"/> \$5895	<input type="checkbox"/> \$5195	
ANY 5 WEEKS: List weeks not attending _____	<input type="checkbox"/> \$5095	<input type="checkbox"/> \$4595	
FIRST 4 WEEKS: June 25 - July 20	<input type="checkbox"/> \$4095	<input type="checkbox"/> \$3795	
SECOND 4 WEEKS: July 23 - August 16	<input type="checkbox"/> \$4095	<input type="checkbox"/> \$3795	

+ Jr. Training Program for campers entering 9th grade. Limited availability to 40 campers. Program consists of 3 days leadership training with specialists for half day, lunch and planned activities in the afternoon and 2 days JTP trips. Optional Trip Program at an additional cost.

++ Leadership Training Program is full session only and is for campers entering 10th grade.

First 4 Weeks					
	M	T	W	T	F
Week 1	25	26	27	28	29
Week 2	2	3	X	5	6
Week 3	9	10	11	12	13
Week 4	16	17	18	19	20

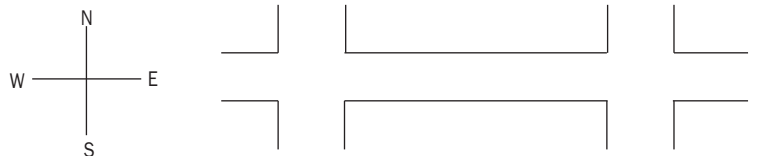
Second 4 Weeks					
	M	T	W	T	F
Week 5	23	24	25	26	27
Week 6	30	31	1	2	3
Week 7	6	7	8	9	10
Week 8	13	14	15	16	X

TRANSPORTATION INFORMATION

MUST BE COMPLETED FOR VAN PICK-UP

- Show exact location of building by marking map with an X.
- Fill in all streets bordering your building.
- If one way street, indicate with an arrow which direction.
- Can your child get off the van and enter the building without an adult present? Yes No

We live between these two streets: _____ and _____
 Note: Transportation will be door to door if possible or nearest corner.



TRANSPORTATION COMMENTS: _____

FOR ALL FULL DAY PROGRAMS:	
HOT LUNCH INCLUDED: Professionally Catered. Daily Substitutes and Salad Bar. Spring Lake adheres to a nut-aware policy.	TUITION INCLUDES: <ul style="list-style-type: none"> Air-Conditioned, Seat Belted Mini-Bus Transportation Morning and Afternoon Snacks Provided Daily 2 Uniform Camp Shirts plus Group Photo