



2019 APPLICATION MANHATTAN



Easy Online Enrollment:
WWW.SLDC.COM

Application valid 1/16/19

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/GUARDIAN/FAMILY INFORMATION

PARENT/GUARDIAN #1: Full Name _____ Relationship to Camper _____

Bus. Phone _____ Cell Phone _____ E-Mail _____

Parent's Marital Status: Single Married Remarried Separated Divorced Widowed Domestic Partnership

PARENT/GUARDIAN #2: Full Name _____ Relationship to Camper _____

Bus. Phone _____ Cell Phone _____ E-Mail _____

Parent's Marital Status: Single Married Remarried Separated Divorced Widowed Domestic Partnership

The camper lives with: (please be specific) _____

Additional mailing to go to: _____

CAMPER NAMES

1st Child _____ Grade (as of Sept. **2019**) _____

2nd Child _____ Grade (as of Sept. **2019**) _____

3rd Child _____ Grade (as of Sept. **2019**) _____

4th Child _____ Grade (as of Sept. **2019**) _____

FOR OFFICE USE ONLY

_____	_____
_____	_____
_____	_____
_____	_____

TRANSPORTATION INFORMATION *Transportation is door-to-door unless notified

We live between these two streets _____ and _____

Yes, my child(ren) has(have) permission to get off the van and enter the house without an adult present.

Different buses are needed for pick up and/or drop off, please call the office for availability. Additional cost may apply.

Please list alternate address(es): _____

All vans have seat belts and do not require car seats. Car seats are available upon request for 4 year old campers ONLY.

Please check if you are requesting a car seat for your 4 year old campers.

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** _____

Mitchell & Michelle Kessler, Owners/Directors • (973) 831-9000 • fax: (973) 831-9174
P.O. Box 176 • 234 Conklintown Road • Ringwood, New Jersey 07456



DEPOSIT DUE WITH THIS ENROLLMENT APPLICATION • FULL BALANCE DUE APRIL 15, 2019

PAYMENT AMOUNT: \$ _____ (Minimum **\$500 deposit** required per camper with application.)

You may pay the deposit and any additional amount up to the full balance at this time.*

CHECK: Make payable to SPRING LAKE DAY CAMP

CREDIT CARD:



eCHECK: Bank Routing Number _____ Checking Account Number _____

Please provide the requested information: By signing below, you understand and agree that Spring Lake Day Camp may charge this credit card for all scheduled payments and/or outstanding balances unless otherwise informed.

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

Billing Address _____ City _____ State _____ Zip _____

Cardholder Name (please print) _____ Signature _____

* **BALANCE AUTHORIZATION:** Please choose one.

Pay in Full Discount: Charge credit card/eCheck the full cost of tuition.

50% Plan: Charge credit card/eCheck 50% due with application and remaining balance due on 4/15/19.

Payment Plan: Charge deposit of \$500 per camper and automatically charge credit card/eCheck on the 1st of each month in equal monthly installments with final balance due by 4/1/19.

SPRING LAKE DAY CAMP TERMS OF AGREEMENT • Balance Due April 15, 2019

1. PAYMENT AND CANCELLATION: \$500 deposit per Camper to accompany application by check, credit card or eCheck. Balance due by April 15th or as indicated on payment selection. Final enrollment is contingent upon availability and balance paid in full. All cancellations must be in writing. All tuition payments are fully refundable less the following cancellation fees: \$250 Registration Fee 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 Camp. **There are no refunds for absences, changes or withdrawals after Camp starts.** Change of session is subject to availability. Unless notified, credit card payments will be automatically charged as per terms and conditions above. Prices are subject to change at any time until deposit and enrollment application are received. No refunds will be made if the Camp should find it advisable not to open or to close Camp early for any unseen conditions or emergencies.

2. 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.

3. 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 its fellow Campers or who violates Camp rules and regulations, in which case **NO REFUNDS WILL BE MADE.**

4. MEDICAL CARE: PERMISSION TO PROVIDE NECESSARY TREATMENT AND TO RELEASE MEDICAL INFORMATION: Parent hereby gives permission to Camp to provide Camper with routine health care, administer or dispense prescription and over-the-counter medications and seek medical treatment. Parent agrees to the release of any records necessary for treatment, referral, billing, or insurance purposes and to provide or arrange necessary transportation for Camper. Parent authorizes any physician, nurse or health care provider to communicate with the medical staff and the director of Camp, or their designees, about Camper's medical condition, treatment, and/or prognosis. Parent further authorizes Camp medical staff to discuss Camper's medical conditions with the director, or his or her designee, when the medical staff, in its sole discretion, believes such communication to be in the best interest of the Camper or in the best interest of Camp's community. **In the case of an emergency, where the emergency contacts cannot be reached, Parent hereby gives permission to the physician or nurse selected by Camp to secure and administer treatment and to transport Camper to a hospital if deemed necessary.**

5. 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, 2019 or sooner. Date of Camper's annual physical must be within one year of the current Camp calendar year or completed after August 18, 2018. Camp reserves the right to not pick up Campers nor allow Campers to attend any out of Camp trip without a current medical form on file. Parent authorizes the physician or nurse selected by Camp to render whatever treatment he/she may deem necessary in case of an emergency.

6. CAMPER MEDICAL INFORMATION: Parent must inform the nurse and/or director prior to registration if Camper has received professional counseling or medication for behavioral/emotional related issues 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.**

7. PERMISSION TO PARTICIPATE: Parent grants Camper permission to participate in all Camp activities including the adventure challenge course, climbing wall, zip line and Eurobungy 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. By signing below, the Parent represents and confirms that Camper is in good general health and proper physical condition to participate in Camp's activities.

8. 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 originating from a Camp-related activity. Campers are NOT permitted to use any personal electronic device during the Camp day. Absolutely NO pictures and/or videos may be taken by Campers and distributed or posted on social media.

9. BELONGINGS: Camp is not responsible for Camper's belongings or equipment while in transit or at Camp. No tech toys and/or cell phones are permitted.

10. VISITING & TRANSPORTATION CHANGES: Junior campers (PK-1st grade) have a designated visiting day. All other families are encouraged to notify camp prior to visiting camper(s). 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 1 PM or by 11 AM for mini-day Camper. Parent pick-up of children at Camp should not be after 3 PM unless prior notification has been given. See Parent Handbook for details.

11. COLLECTION COSTS: If payment is not made on time, the Camp reserves the right to charge a late fee of \$100 per month per camper. 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.

12. 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 costs and out-of-pocket expenses of Camp, its owners and employees.

13. WAIVER AND RELEASE: Parent and Camper hereby releases the Camp, officers, directors, agents, representatives, sponsors and employees (referred to as the releasees), individually and collectively, from any claims or liability to the fullest extent possible under the law. Parent and Camper fully understand that: attendance at Camp, including participation in the Camp's activities, involves risks; these risks may be caused by Camper's own actions or inactions, the actions or inactions of others participating in the activity or event, or the condition in which the activity or event takes place; there may be other risks and social and economic losses either not known to Parent and/or Camper, or not readily foreseeable at this time; and Parent and Camper hereby fully accept and assume all such risks and all responsibility for losses, costs and damages incurred as a result of Camper's attendance at Camp, including participation in the Camp's activities or events.

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. * **SLDC reserves the right to change the camp calendar which is subject to change due to weather, school schedules, etc.**

FIRST CAMPER:

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

Birth Date _____ **LAST YEAR'S GROUP** _____ Last Camp Child Attended _____

Grade (as of Sept. 2019) _____ School _____

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 Gluten Other _____

Camper's Doctor _____ Phone _____

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

Does your child take any medications during the year? Yes No If yes, please list _____

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

If yes, what kind? _____ Please have the nurse contact me before camp begins.

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 _____

Special Interests/Activities _____

Three words to describe your child: 1) _____ 2) _____ 3) _____

FULL DAY PROGRAM – NYC: GRADES: 2–10 (Grade determined as of 9/2019), 9:00 am to 4:00 pm, Monday – Friday							
Choose your session:	Full Session 8 Weeks 6/27 – 8/21	Any 7 Weeks Week not attending: _____ <input type="checkbox"/> Weeks TBD	Any 6 Weeks Weeks not attending: _____ <input type="checkbox"/> Weeks TBD	Any 5 Weeks Weeks not attending: _____ <input type="checkbox"/> Weeks TBD	First 4 Weeks 6/27 – 7/26	Second 4 Weeks 7/29 – 8/21	Split 4 Weeks Weeks attending: _____ <input type="checkbox"/> Weeks TBD
FULL DAY: GRADES 2–8	<input type="checkbox"/> \$7995	<input type="checkbox"/> \$7695	<input type="checkbox"/> \$7295	<input type="checkbox"/> \$6295	<input type="checkbox"/> \$5195	<input type="checkbox"/> \$4895	<input type="checkbox"/> \$5395
JTP: 9th GRADE	<input type="checkbox"/> \$7995	<input type="checkbox"/> \$7695	<input type="checkbox"/> \$7295	<input type="checkbox"/> \$6295	<input type="checkbox"/> \$5195	<input type="checkbox"/> \$4895	<input type="checkbox"/> \$5395
LTP: 10th GRADE	<input type="checkbox"/> \$4895	<i>See additional information for JTP and LTP programs below.</i>					

JUNIOR CAMP PROGRAM – NYC: 1st GRADE, KINDERGARTEN & PRE-K (Grade determined as of 9/2019), 9:00 am to 4:00 pm							
FULL DAY: 1st GRADE	<input type="checkbox"/> \$7595	<input type="checkbox"/> \$7295	<input type="checkbox"/> \$6995	<input type="checkbox"/> \$5995	<input type="checkbox"/> \$4895	<input type="checkbox"/> \$4595	<input type="checkbox"/> \$5195
FULL DAY: KINDERGARTEN	<input type="checkbox"/> \$7495	<input type="checkbox"/> \$7195	<input type="checkbox"/> \$6895	<input type="checkbox"/> \$5895	<input type="checkbox"/> \$4795	<input type="checkbox"/> \$4495	<input type="checkbox"/> \$4895
FULL DAY: PRE-K	<input type="checkbox"/> \$6695	<input type="checkbox"/> \$6395	<input type="checkbox"/> \$6095	<input type="checkbox"/> \$5295	<input type="checkbox"/> \$4695	<input type="checkbox"/> \$4395	<input type="checkbox"/> \$4795

JTP: Jr. Training Program for campers entering 9th grade. Limited availability to 25 campers. Program consists of 3 days leadership training with specialists for half day, lunch and planned activities in the afternoon and includes 1-2 trips per week. Optional Trip Program at an additional cost.

LTP: Leadership Training Program for campers entering 10th grade. Minimum 6 week enrollment is required and will not be prorated. LTPs who complete the program will be compensated at the end of the summer. Limited availability to 25 campers.

4, 5, 6, 7 & 8 Week Sessions									
First 4 Weeks					Second 4 Weeks				
	M	T	W	T F		M	T	W	T F
Week 1	1	2	3	27 28 X X	Week 5	29	30	31	1 2
Week 2	8	9	10	11 12	Week 6	5	6	7	8 9
Week 3	15	16	17	18 19	Week 7	12	13	14	15 16
Week 4	22	23	24	25 26	Week 8	19	20	21	22 23 X X

FOR ALL FULL & MINI DAY SESSIONS:
SIBLING DISCOUNTS: 5% off 2nd child; 10% off 3rd child; 15% off 4th child (Applies to campers with lowest tuitions.)
HOT LUNCH INCLUDED: Professionally Catered. Spring Lake adheres to a nut-aware policy. Gluten-free menu available upon request with doctor's orders. Additional fees may be applied.
TUITION INCLUDES: Air-Conditioned, Seat Belted Mini-Bus Transportation, 2 Daily Snacks, Catered Hot Lunch, 2 Uniform Camp Shirts, Camp Photo, All Craft Materials, Camper Gift and Towel Service for Junior Camp.

SECOND CAMPER:

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

Birth Date _____ **LAST YEAR'S GROUP** _____ Last Camp Child Attended _____

Grade (as of Sept. 2019) _____ School _____

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 Gluten Other _____

Camper's Doctor _____ Phone _____

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

Does your child take any medications during the year? Yes No If yes, please list _____

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

If yes, what kind? _____ Please have the nurse contact me before camp begins.

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 _____

Special Interests/Activities _____

Three words to describe your child: 1) _____ 2) _____ 3) _____

FULL DAY PROGRAM – NYC: GRADES: 2–10 (Grade determined as of 9/2019), 9:00 am to 4:00 pm, Monday – Friday							
Choose your session:	Full Session 8 Weeks 6/27 – 8/21	Any 7 Weeks Week not attending: _____ <input type="checkbox"/> Weeks TBD	Any 6 Weeks Weeks not attending: _____ <input type="checkbox"/> Weeks TBD	Any 5 Weeks Weeks not attending: _____ <input type="checkbox"/> Weeks TBD	First 4 Weeks 6/27 – 7/26	Second 4 Weeks 7/29 – 8/21	Split 4 Weeks Weeks attending: _____ <input type="checkbox"/> Weeks TBD
FULL DAY: GRADES 2–8	<input type="checkbox"/> \$7995	<input type="checkbox"/> \$7695	<input type="checkbox"/> \$7295	<input type="checkbox"/> \$6295	<input type="checkbox"/> \$5195	<input type="checkbox"/> \$4895	<input type="checkbox"/> \$5395
JTP: 9th GRADE	<input type="checkbox"/> \$7995	<input type="checkbox"/> \$7695	<input type="checkbox"/> \$7295	<input type="checkbox"/> \$6295	<input type="checkbox"/> \$5195	<input type="checkbox"/> \$4895	<input type="checkbox"/> \$5395
LTP: 10th GRADE	<input type="checkbox"/> \$4895	<i>See additional information for JTP and LTP programs below.</i>					

JUNIOR CAMP PROGRAM – NYC: 1st GRADE, KINDERGARTEN & PRE-K (Grade determined as of 9/2019), 9:00 am to 4:00 pm							
FULL DAY: 1st GRADE	<input type="checkbox"/> \$7595	<input type="checkbox"/> \$7295	<input type="checkbox"/> \$6995	<input type="checkbox"/> \$5995	<input type="checkbox"/> \$4895	<input type="checkbox"/> \$4595	<input type="checkbox"/> \$5195
FULL DAY: KINDERGARTEN	<input type="checkbox"/> \$7495	<input type="checkbox"/> \$7195	<input type="checkbox"/> \$6895	<input type="checkbox"/> \$5895	<input type="checkbox"/> \$4795	<input type="checkbox"/> \$4495	<input type="checkbox"/> \$4895
FULL DAY: PRE-K	<input type="checkbox"/> \$6695	<input type="checkbox"/> \$6395	<input type="checkbox"/> \$6095	<input type="checkbox"/> \$5295	<input type="checkbox"/> \$4695	<input type="checkbox"/> \$4395	<input type="checkbox"/> \$4795

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4, 5, 6, 7 & 8 Week Sessions										
	First 4 Weeks					Second 4 Weeks				
	M	T	W	T	F	M	T	W	T	F
Week 1	1	2	3	27	28	29	30	31	1	2
Week 2	8	9	10	11	12	5	6	7	8	9
Week 3	15	16	17	18	19	12	13	14	15	16
Week 4	22	23	24	25	26	19	20	21	22	23

FOR ALL FULL & MINI DAY SESSIONS:
SIBLING DISCOUNTS: 5% off 2nd child; 10% off 3rd child; 15% off 4th child (Applies to campers with lowest tuitions.)
HOT LUNCH INCLUDED: Professionally Catered. Spring Lake adheres to a nut-aware policy. Gluten-free menu available upon request with doctor's orders. Additional fees may be applied.
TUITION INCLUDES: Air-Conditioned, Seat Belted Mini-Bus Transportation, 2 Daily Snacks, Catered Hot Lunch, 2 Uniform Camp Shirts, Camp Photo, All Craft Materials, Camper Gift and Towel Service for Junior Camp.

THIRD CAMPER:

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

Birth Date _____ **LAST YEAR'S GROUP** _____ Last Camp Child Attended _____

Grade (as of Sept. 2019) _____ School _____

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 Gluten Other _____

Camper's Doctor _____ Phone _____

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

Does your child take any medications during the year? Yes No If yes, please list _____

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

If yes, what kind? _____ Please have the nurse contact me before camp begins.

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 _____

Special Interests/Activities _____

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FULL DAY PROGRAM – NYC: GRADES: 2–10 (Grade determined as of 9/2019), 9:00 am to 4:00 pm, Monday – Friday							
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FULL DAY: GRADES 2–8	<input type="checkbox"/> \$7995	<input type="checkbox"/> \$7695	<input type="checkbox"/> \$7295	<input type="checkbox"/> \$6295	<input type="checkbox"/> \$5195	<input type="checkbox"/> \$4895	<input type="checkbox"/> \$5395
JTP: 9th GRADE	<input type="checkbox"/> \$7995	<input type="checkbox"/> \$7695	<input type="checkbox"/> \$7295	<input type="checkbox"/> \$6295	<input type="checkbox"/> \$5195	<input type="checkbox"/> \$4895	<input type="checkbox"/> \$5395
LTP: 10th GRADE	<input type="checkbox"/> \$4895	<i>See additional information for JTP and LTP programs below.</i>					

JUNIOR CAMP PROGRAM – NYC: 1st GRADE, KINDERGARTEN & PRE-K (Grade determined as of 9/2019), 9:00 am to 4:00 pm							
FULL DAY: 1st GRADE	<input type="checkbox"/> \$7595	<input type="checkbox"/> \$7295	<input type="checkbox"/> \$6995	<input type="checkbox"/> \$5995	<input type="checkbox"/> \$4895	<input type="checkbox"/> \$4595	<input type="checkbox"/> \$5195
FULL DAY: KINDERGARTEN	<input type="checkbox"/> \$7495	<input type="checkbox"/> \$7195	<input type="checkbox"/> \$6895	<input type="checkbox"/> \$5895	<input type="checkbox"/> \$4795	<input type="checkbox"/> \$4495	<input type="checkbox"/> \$4895
FULL DAY: PRE-K	<input type="checkbox"/> \$6695	<input type="checkbox"/> \$6395	<input type="checkbox"/> \$6095	<input type="checkbox"/> \$5295	<input type="checkbox"/> \$4695	<input type="checkbox"/> \$4395	<input type="checkbox"/> \$4795

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	First 4 Weeks					Second 4 Weeks				
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Week 2	8	9	10	11	12	5	6	7	8	9
Week 3	15	16	17	18	19	12	13	14	15	16
Week 4	22	23	24	25	26	19	20	21	22	23

FOR ALL FULL & MINI DAY SESSIONS:

SIBLING DISCOUNTS: 5% off 2nd child; 10% off 3rd child; 15% off 4th child (Applies to campers with lowest tuitions.)

HOT LUNCH INCLUDED: Professionally Catered. Spring Lake adheres to a nut-aware policy. Gluten-free menu available upon request with doctor's orders. Additional fees may be applied.

TUITION INCLUDES: Air-Conditioned, Seat Belted Mini-Bus Transportation, 2 Daily Snacks, Catered Hot Lunch, 2 Uniform Camp Shirts, Camp Photo, All Craft Materials, Camper Gift and Towel Service for Junior Camp.

FOURTH CAMPER:

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

Birth Date _____ **LAST YEAR'S GROUP** _____ Last Camp Child Attended _____

Grade (as of Sept. 2019) _____ School _____

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 Gluten Other _____

Camper's Doctor _____ Phone _____

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LTP: 10th GRADE	<input type="checkbox"/> \$4895	<i>See additional information for JTP and LTP programs below.</i>					

JUNIOR CAMP PROGRAM – NYC: 1st GRADE, KINDERGARTEN & PRE-K (Grade determined as of 9/2019), 9:00 am to 4:00 pm							
FULL DAY: 1st GRADE	<input type="checkbox"/> \$7595	<input type="checkbox"/> \$7295	<input type="checkbox"/> \$6995	<input type="checkbox"/> \$5995	<input type="checkbox"/> \$4895	<input type="checkbox"/> \$4595	<input type="checkbox"/> \$5195
FULL DAY: KINDERGARTEN	<input type="checkbox"/> \$7495	<input type="checkbox"/> \$7195	<input type="checkbox"/> \$6895	<input type="checkbox"/> \$5895	<input type="checkbox"/> \$4795	<input type="checkbox"/> \$4495	<input type="checkbox"/> \$4895
FULL DAY: PRE-K	<input type="checkbox"/> \$6695	<input type="checkbox"/> \$6395	<input type="checkbox"/> \$6095	<input type="checkbox"/> \$5295	<input type="checkbox"/> \$4695	<input type="checkbox"/> \$4395	<input type="checkbox"/> \$4795

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Week 5										
Week 6										
Week 7										
Week 8										

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