

Twin Oaks Day Camp

2017 Enrollment Contract

I wish to Register my child for Summer 2017

Last Name _____ Camper's First Name _____

Birth Date _____ Gender _____ Age as of 12/1/17 _____ School Grade as of Sept. 2017 _____

Home Address/Town/ZIP _____

Home Phone _____ Nearest Cross Streets _____

Mother's Name _____ Home Address (if different) _____

Mother's Cell Phone _____ Mother's Work Phone _____

Father's Name _____ Home Address (if different) _____

Father's Cell Phone _____ Father's Work Phone _____

E-Mail Address _____

Grouping Requests _____

(Limited to 2 requests - must be in same grade & attend same session, plus request must be mutual)

School Attending in September 2017 _____

Choose from the following Programs:

If your child will be a **TODDLER** (20 to 30 months old) for 2017 Camp **BARNEY PROGRAM** T/Th M/W/F
One-on-One Supervision, Swim Instruction, 9:30am to Noon, Snack, No Lunch, PARENT TRANSPORTATION ONLY M/T/W/Th/F

Register for (check 1): 8 Weeks 7 Wks 6 Wks 5 Wks 4 Wks

If your child will be **NURSERY AGE (Three or Four Years Old)** for 2017 Camp

- | | | |
|---|---|---|
| <input type="checkbox"/> T/Th Mini - 10:30AM to 3PM (3-Yr. Olds Only) | <input type="checkbox"/> T/Th Ext. AM - 9AM to 3PM | |
| <input type="checkbox"/> M/W/F Mini Days - 10:30AM to 3PM | <input type="checkbox"/> M/W/F Ext. AM - 9AM to 3PM | <input type="checkbox"/> M/W/F Full Days - 9AM to 4PM |
| <input type="checkbox"/> 5 Mini Days - 10:30AM to 3PM | <input type="checkbox"/> 5 Ext. AM - 9AM to 3PM | <input type="checkbox"/> 5 Full Days - 9AM to 4PM |

Children entering **KINDERGARTEN** in September 2017

- | | | |
|---|---|--|
| <input type="checkbox"/> 5 Ext. AMs - 9AM-3PM | <input type="checkbox"/> 3 Full Days - 9AM to 4PM | <input type="checkbox"/> 5 Full Days - 9AM-4PM |
|---|---|--|

Children entering **FIRST through THIRD GRADE** in September 2017 5 Full Days - 9AM to 4PM

GEMINI PRE-TEEN TRAVEL PROGRAM

- GEMINI ADVENTURE PROGRAM** (3 days ON-CAMPUS, 2 days OFF-CAMPUS trips)
FOURTH, FIFTH or SIXTH GRADE (2 optional overnight trips)
- GEMINI TRAVEL PROGRAM** (5 days OFF-CAMPUS)
FIFTH - NINTH GRADES (2 optional overnight trips)

By signing this form, parent/guardian agrees to all terms of Twin Oaks' enrollment, including those printed on the back of this Contract.

◆ PLEASE **ENCLOSE YOUR DEPOSIT** WITH THIS SIGNED ENROLLMENT CONTRACT ◆

SIGNATURE: _____ **DATE:** _____

Twin Oaks is required to be permitted to operate by the Nassau County Dept. of Health. The camp is inspected twice yearly by the Nassau County Dept. of Health. Reports are on file at the camp and at the Nassau County Dept. of Health, 200 County Seat Drive, Mineola, NY 11501. Inquiries can be made Monday-Friday, 9am-4:45pm.

Total Tuition Fee: _____ A \$600 deposit (\$1000 for 2 campers, \$250 for Barney's) is required upon enrollment. Additional payments of \$500 each are due by November 1st and February 1st. Final payment-in-full is due by May 1, 2017. If the balance is not paid by May 1st, the full rate will be charged and any discounts will be forfeited. A \$35 returned-check fee will be added to your balance for any payments returned by the bank.

Tuition includes supervised activities (including necessary equipment), lunch, snack, towels, one tee shirt, arts & crafts materials, and transportation. There will be a **transportation surcharge** if your child has two different pick-up and/or drop-off locations requiring seats on two different bus runs.

Tuition will be refunded, **minus a \$75 processing fee**, upon written request received prior to March 1, 2015, for cancellation of enrollment. A **\$250 processing fee** will apply for requests received between March 1st and May 31, 2017. After May 31st there will be a **\$500 processing fee** for cancellation of enrollment. There are no refunds or make-up days for absences or for the July 4th holiday. If the camper is absent for medical reasons (certified by a physician) for more than 5 consecutive days, a refund will be made for each day missed after the 5-day deductible period.

The Camp reserves the right to terminate this contract at any time if:

- the tuition is not paid in full
- the Camp deems it to be in the best interest of the Camp to do so.

The parent/guardian warrants that the named camper is in good physical condition and has no disability, impairment or ailment which would be adversely affected by participation in the customary camp activities. The parent/guardian authorizes the Camp to do the following for the named camper:

- Arrange for emergency medical treatment for the camper while he/she is under the Camp's care, should the parent/guardian be unavailable.
- Allow the camper to participate in off-campus activities and trips.
- Permit the Camp to use all photography and videography of the camper in brochures, advertising, displays and websites.

The parent/guardian who signs this enrollment contract represents that he/she has full authority to do so and will be responsible for payment of all fees. In the event of a delinquent payment, the parent/guardian agrees to pay any legal costs incurred in the collection process.

Twin Oaks Day Camp, Inc.

PO Box 750

Freeport, New York 11520

PHONE: 516-623-4550 FAX: 516-223-1568

Email: camp.twinoaks@gmail.com

Visit our website at: www.twinoaksdaycamp.com

TRANSPORTATION INFORMATION:

Before 9am or After 4pm Parent Drop-Off or Pick-Up: (specify times)_____

Check box if Parent is providing own transportation for Camper

TRANSPORTATION TO CAMP by BUS

Camper _____

Pick Up from (Address) _____

Town/Phone _____

Session _____

TRANSPORTATION HOME by BUS

Camper _____

Home to (Address) _____

Town/Phone _____

Session _____