

Twin Oaks Day Camp 2022 Enrollment Contract

I wish to Register my child for Twin Oaks' Counselor in Training Program (CIT Tenth Grade)

Last Name _____ First Name _____

Birth Date _____ Gender _____ Age as of 12/1/22 _____ School Grade as of Sept. 2022: 10

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 _____

Group Preferences (check all that apply)	Specialty Preferences (check all that apply)
<input type="checkbox"/> Boys	<input type="checkbox"/> Sports _____
<input type="checkbox"/> Girls	<input type="checkbox"/> Swim _____
<input type="checkbox"/> Preschool (3 and 4-year olds)	<input type="checkbox"/> Dance _____
<input type="checkbox"/> Early Elementary (5, 6 & 7-year olds)	<input type="checkbox"/> Music _____
<input type="checkbox"/> Middle Elementary (8 and 9-year olds)	<input type="checkbox"/> Arts and Crafts _____

List Experience (as a camper or babysitter, etc):

Special Talents (check all that apply)			
Athletics	Arts & Crafts	Dance	Music
<input type="checkbox"/> Baseball	<input type="checkbox"/> Ceramics	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Guitar
<input type="checkbox"/> Basketball	<input type="checkbox"/> Drawing	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Song Leading
<input type="checkbox"/> Bowling	<input type="checkbox"/> Jewelry Making	<input type="checkbox"/> Folk	<input type="checkbox"/> Folk Singing
<input type="checkbox"/> Field Hockey	<input type="checkbox"/> Paper Mache'	<input type="checkbox"/> Jazz	<input type="checkbox"/> Other _____
<input type="checkbox"/> Group Games	<input type="checkbox"/> Puppetry	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Karate	<input type="checkbox"/> Rocketry		
<input type="checkbox"/> Roller Skating	<input type="checkbox"/> Sewing		
<input type="checkbox"/> Soccer	<input type="checkbox"/> Stage Crafts		
<input type="checkbox"/> Softball	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Tennis			
<input type="checkbox"/> Track			
<input type="checkbox"/> Volleyball			
<input type="checkbox"/> Wrestling			
<input type="checkbox"/> Other _____			
			Miscellaneous
			<input type="checkbox"/> Baking
			<input type="checkbox"/> Dramatics
			<input type="checkbox"/> Computer
			<input type="checkbox"/> Newspaper
			<input type="checkbox"/> Other _____

\$2450 Tuition (\$500 deposit due with this Enrollment Contract) Bonus: \$225(Group) \$375(No Group)

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

PARENT/GUARDIAN 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.

A \$500 deposit is due with this Enrollment Contract. An additional \$250 payment is due February 1 and the final balance is due by May 1. Applicants will be scheduled for an interview. Tuition includes lunch, transportation and snacks. Upon successful completion of this program, a bonus will be awarded to the participant.

The parent/guardian warrants that the child 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 arrange for emergency medical treatment for the child, while the child is under the Camp's care, should the parent/guardian be unavailable.

The parent/guardian gives permission for the child to participate in off-campgrounds trips.

The parent/guardian permits the Camp to use the child's individual or group pictures 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 personally responsible for the timely payment of the entire camp tuition, and that any outstanding balance will preclude admission to camp. In the event of a delinquent payment, the parent/guardian agrees to pay any legal costs incurred in the collection process.

The Camp reserves the right to terminate this contract at any time before camp opens and to refund any payment theretofore made, or to refuse to continue accommodating the CIT after camp opens, at any time, if tuition is not paid in full, or to terminate this contract at any time if the Camp deems it to be in the best interest of the Camp to do so, making a refund of a proportionate share of tuition for the balance of the season.

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

TRANSPORTATION TO CAMP	TRANSPORTATION HOME
Name _____	Name _____
Address _____	Address _____
Town/Phone _____	Town/Phone _____