

Suburban Hills School Day Camp

School:
41 Oakdale Road
Chester, New Jersey 07930
Tel: (908) 879-4140
Fax: (908) 879-4549

Accounting:
172 Speedwell Avenue
Morris Plains, New Jersey 07950
Tel: (973) 590-2583
Fax: (973) 998-8820

Summer Day Camp Application

New Camper
 Re-enrollment
Note: Enrolling 6 wks to 8 yrs

Child's Full Name _____ Nickname to be used _____ Sex: _____

Address _____ Town _____ Zip: _____

Telephone () _____ Date of Birth _____ Entrance Age _____ Yrs _____ Mos _____

Parent's Name _____ Occupation _____

Company Name and Address _____ e-mail address _____

Office Telephone () _____ Cell Phone () _____

Parent's Name _____ Occupation _____

Company Name and Address _____ e-mail address _____

Office Telephone () _____ Cell Phone () _____

Child's Doctor Name _____ Town _____ Telephone () _____

Camp is open from 7:00 AM to 6:30 PM. Arrangements can be made for children to attend camp for hours other than those shown above. Our program runs from Monday through Friday, but we can accept campers on a partial week program. If you enroll for a partial week program, your child might miss certain activities and events. We will make every effort to schedule special activities on alternate days, but this is not always possible. **Switching days or weeks, once camp starts, is not permitted.**

Schedule

Days: Monday Tuesday Wednesday Thursday Friday

Hours: Half Day: 9:00 to 12:00 Full Day: 9:00 to 3:45 Extended Day: 7:00 to 6:30

Hours other than those listed above: _____

Lunch Buddies Yes No

If you would like to add hours to the full or extended day schedule, call us for the weekly rate

Sessions - Two Week Minimum Enrollment

Mark the weekly sessions you would like to reserve for your child

Week 1 Week 2 Week 3 Week 4

Week 5 Week 6 Week 7 Week 8

**** Camp is closed July 4. Credit will be issued for that day, if applicable.**

Local Persons to Notify In Case of An Emergency:

Name _____ Phone () _____

Address _____ Relationship to Child _____

Name _____ Phone () _____

Address _____ Relationship to Child _____

Has your child had any previous group experience? Yes___ No___

If yes, when:

Where:

How did you hear about Suburban Hills Day Camp

Please list in detail any physical limitations or special needs that your child may have
(For example, allergies, medical conditions, toilet trained)

Note: All applicants will be required to sign a release form prior to enrollment

Please advise any further information or concerns which might be important for the care of your child.
All information will be held confidential.

Suburban Hills School Financial Policy

Please enroll my child for the sessions specified on the reverse of this application including any extensions of my child's camp stay that I may request. I understand that my child will remain in camp for the entire period reserved. The Registration Fee of \$70 and my Deposit of \$365 is submitted with this application. The Registration Fee, which covers the cost of initial administrative expenses, is not applicable towards the tuition. The deposit, which holds my place for my child, will be applied to the total camp fee. I understand that all camp fees (registration fee, deposit, and tuition) are not refundable.

I understand that the camp balance is due no later than May 10, 2019 and if the camp balance is not paid when due, Suburban Hills will not hold a place for my child. Late registrations or camp balances will only be accepted if space is still available and payment is made in cash or certified check. We do not accept credit cards. All returned checks are subject to a \$50 fee per incident and all late payments are subject to a \$30.00 late fee after the 10th day after issuance of invoice. In the event of a default in payment, the undersigned will pay Suburban Hills School all collection costs, an attorney's fee of 40% of the amount due, and a service charge of 1.5% per month on the entire balance due.

I hereby give permission for my child to participate in all camp activities.

I have read this agreement and understand the terms and conditions contained herein and agree to abide by the terms and conditions as stated. Please make checks payable to Suburban Hills School

Parent's Signature _____

Date _____

Medical Emergency - Administration of Medication

I authorize Suburban Hills School to call an emergency ambulance in case of accident or acute illness and allow possible emergency care if I am not immediately available. If it be necessary that my child be administered any type of medication while at school, I hereby absolve Suburban Hills School of any responsibility for any ill effects that may occur from administration of said medication. Such medication will only be administered by Suburban Hills School personnel at my daily written request and will be that which has been prescribed for my child by a physician or one capable of purchase without a prescription.

Parent's Signature _____

Date _____

Field Trips

With prior notification and my written authorization, I hereby consent to have my child participate in supervised field trips away from school grounds.

Parent's Signature _____

Date _____

Photograph Release

I authorize Suburban Hills School to use photographs that may contain my child(ren) ___yes ___no

Parent's Signature _____

Date _____