



Coleman Country Day Camp



PO Box 34, Merrick, NY 11566 • ColemanFamilyCamps.com
Phone 516-620-4300 • Fax 516-620-4329

Summer of 2008 Enrollment Form

For Office Use Only
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VC

Child's Name Male Female
Last Name First Name Middle Name

Address Zip Code
Street Address City State

Home Phone Date of Birth School Grade
Month Day Year As of September, 2008

Camp(s) Attended in 2007 School Attending in 2007/2008

PLEASE CIRCLE SESSION(S) BELOW

Full Summer Sessions One per camper per summer - or - Partial Summer Sessions Select up to two per camper

COLEMAN COUNTRY - Day camp for children entering Nursery School through 8th Grade

| GRADE AS OF SEPTEMBER 2008 | Full Summer 6/30 - 8/22 | 4 Weeks (J) 6/30 - 7/25 | 4 Weeks (A) 7/28 - 8/22 | 6 Weeks (J) 6/30 - 8/8 | 6 Weeks (A) 7/14 - 8/22 |
|--|----------------------------|----------------------------|----------------------------|---------------------------|----------------------------|
| Entering Nursery School in Sept. '08 (3-yr. olds) | \$3,000 | \$2,000 | \$2,000 | \$2,700 | \$2,700 |
| Entering Pre-Kindergarten in Sept. '08 (4-yr. olds) | \$4,000 | \$2,500 | \$2,500 | \$3,700 | \$3,700 |
| Entering Kindergarten in Sept. '08 (5-yr. olds) | \$5,000 | \$2,950 | \$2,950 | \$4,700 | \$4,700 |
| Scouts & Explorers (Grades 1-4) | \$5,725 | \$3,600 | \$3,400 | \$5,375 | \$5,375 |
| Forty-Niners (Grades 5-8) | \$5,975 | \$3,850 | \$3,650 | \$5,625 | \$5,625 |

I would like my child to be in the same group as:

(1) (2)
It is understood that the children are in the same grade and camp session and that the request is mutual.

Sibling Discount: \$100 off second child enrolled for a full summer session, \$75 off 6-week enrollment, \$50 off 4-week enrollment.
\$200 off third child enrolled for a full summer session, \$150 off 6-week enrollment, \$100 off 4-week enrollment.

A deposit of \$750 is required upon enrollment. Payment in full is due by April 1, 2008. Please make checks payable to Coleman Family Camps. By submitting this completed enrollment form, parent agrees to Coleman Family Camps' terms of enrollment, as printed on the back of this form.

Parent's Signature Date

• • • Please read and complete both sides of this form • • •

Coleman Family Camps are accredited by the American Camp Association.
See www.CampParents.org for more information.



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Additional Information

Child's Name Last Name First Name Middle Name

This will be my child's year at Coleman Family Camps.

Father's Name (Or Guardian's Name) Mother's Name (Or Guardian's Name)

Home Address (If different from child)

Home Telephone (If different from child)

Work Telephone

Parents' Marital Status

Additional Parent Contact info (Telephone, Cellular, Pager, E-mail, etc.)

Emergency Contact (Other than parents)

Table with 3 columns: Name, Relationship, Telephone. Rows 1, 2, 3.

Physician Physician's Phone

Allergies

Mother/Guardian's E-mail Address

Father/Guardian's E-mail Address

E-mail addresses will be used for individual correspondence as well as periodic e-mail announcements. We do not share any enrollment information with unaffiliated organizations.

Please do not give out my phone number and/or address to another camp family (birthdays, bar/bat mitzvah, etc.)

Our family was referred by:

Terms of Enrollment

This enrollment is not valid unless signed by the parent or guardian of the camper enrolled and accepted by the Camp Director. The signor agrees to pay the tuition as per the published schedule for this season. DAY CAMP PAYMENTS ARE REFUNDABLE UNTIL MARCH 1, 2008. If a child, prior to the season, is unable to attend because of appropriately documented illness or injury, all monies will be refunded. No refund will be made for late arrival, early departure or dismissal for cause. Tuition and fees are agreed to be the reasonable amount as and for liquidated damages. If tuition is not paid as per the schedule of payment, early enrollment credits will not adhere and enrollment may be cancelled and no refund made. If the camper is absent for medical reasons for more than 7 consecutive camp days, a refund will be made for each day missed after the seven-day deductible period; a physician's note must be submitted.

For the general welfare of all campers, the Camp reserves the unrestricted right to dismiss any camper whose conduct or influence, in the opinion of the Director, is inimical to the best interests of the Camp. It is agreed that the venue of trial of any dispute that may arise to which any Coleman Family Camp, or its agents, is a party shall be in Nassau County, New York. It is understood that all photography and videography taken at camp may be used for promotional purposes. Permission is given for the camper to attend off-campus activities and trips. Permission is given for the camper to participate in water-related activities when traveling off campus, including those that are not inspected by the New York State Department of Health. I understand that the camp directors have selected sites and activities which they have determined to be suitable and safe for campers and that camp staff will verify the safety of each site at the time that the camp group visits. It is agreed that in the event that a parent cannot be reached in case of an emergency affecting the camper, permission is given to the child's physician as indicated in the camp records or, if unavailable, the physician selected by the Camp to administer proper treatment to the child.

This contract constitutes the full understanding of the parties hereto and no change, modification or waiver of any of the terms shall be effective unless in writing and signed by both parties.

In the event that this Agreement is executed by one parent, the signor acknowledges that he/she is also acting as agent of the other parent with authority to enroll the child at camp and to execute this Agreement on his or her behalf.

Parent's Signature Date