

# Summer of 2019 Enrollment Form

# Coleman Country Day Camp



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

**Save Time — Enroll Online at ColemanCountry.com**

For Office Use Only

Sess

TC

Dep

Sib

G/C

VC

	Child 1	Child 2	Child 3	Child 4
First Name	.....	.....	.....	.....
Middle Name	.....	.....	.....	.....
Last Name	.....	.....	.....	.....
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Session</b> Please see reverse for codes Circle weeks attending if you've selected an "Any X Weeks" session.	.....	.....	.....	.....
<b>Enrollment weeks must be as published.</b>	Week 1: Thurs. 6/27 - Wed. 7/3 Week 5: Mon. 7/29 - Fri. 8/2	Week 2: Mon. 7/8 - Fri. 7/12 Week 6: Mon. 8/5 - Fri. 8/9	Week 3: Mon. 7/15 - Fri. 7/19 Week 7: Mon. 8/12 - Fri. 8/16	Week 4: Mon. 7/22 - Fri. 7/26 Week 8: Mon. 8/19 - Thurs. 8/22
Date of Birth	..... Month Day Year	..... Month Day Year	..... Month Day Year	..... Month Day Year
School Grade as of Sept., 2019	.....	.....	.....	.....
# of Years at CCDC	.....	.....	.....	.....
Camp(s) Attended in 2018	.....	.....	.....	.....
School Currently Attending in 2018/2019	.....	.....	.....	.....
I would like my child to be in the same group as:	(1) ..... (2) .....	(1) ..... (2) .....	(1) ..... (2) .....	(1) ..... (2) .....

Home Phone..... Whom should we contact first/phone number?.....

Summer Address ..... Street Address Apt City State Zip Code .....

Winter Address (If Different) ..... Street Address Apt City State Zip Code .....

Winter Phone (If Different) ..... Parents' Marital Status .....

GB

T

B

BD

C

M

G

**Parent's Name** .....  
(Or Guardian's Name)

**Home Address** .....  
If different from child

**Home Telephone** .....  
If different from child

**Work Telephone** .....

**Cell Phone** .....

**Email Address** .....

**Parent's Name** .....  
(Or Guardian's Name)

**Home Address** .....  
If different from child

**Home Telephone** .....  
If different from child

**Work Telephone** .....

**Cell Phone** .....

**Email Address** .....

Our family was referred by: .....

**Parent's Signature** ..... **Date** .....

**Print Name** .....

By signing this form, I acknowledge that I have read and agree to Coleman Country's Terms of Enrollment. (Over)

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

Coleman Country Day Camp is accredited by the American Camp Association.



Please use one of the following codes to indicate your desired session:

	CF	C7	C6	C5	C4	CJ	CA
<b>GRADE AS OF SEPTEMBER, 2019</b>	<b>Full Summer 6/27 - 8/22*</b>	<b>Any 7 Weeks</b>	<b>Any 6 Weeks</b>	<b>Any 5 Weeks</b>	<b>Any 4 Weeks</b>	<b>4 Weeks (J) 6/27 - 7/26*</b>	<b>4 Weeks (A) 7/29 - 8/22</b>
Entering Nursery School in Sept., '19	\$4,650	\$4,450	\$4,150	\$3,950	\$3,700	\$3,700	\$3,700
Entering Pre-Kindergarten in Sept., '19	\$5,650	\$5,450	\$5,150	\$4,900	\$4,300	\$4,000	\$4,000
Entering Kindergarten in Sept., '19	\$6,650	\$6,450	\$6,150	\$5,900	\$5,300	\$4,900	\$4,900
Scouts & Explorers (Grades 1-4 in Sept., '19)	\$7,775	\$7,575	\$7,175	\$6,775	\$5,975	\$5,500	\$5,500
Forty-Niners (Grades 5-8 in Sept., '19)	\$8,075	\$7,875	\$7,475	\$7,075	\$6,275	\$5,800	\$5,800

	CF	C7	C6	C5	C4	CJ	CA
<b>"Mini Day" Program (9am - 2:30pm) Bellmore/Merrick Only</b>	<b>Full Summer 6/27 - 8/22*</b>	<b>Any 7 Weeks</b>	<b>Any 6 Weeks</b>	<b>Any 5 Weeks</b>	<b>Any 4 Weeks</b>	<b>4 Weeks (J) 6/27 - 7/26*</b>	<b>4 Weeks (A) 7/29 - 8/22</b>
5-Day "Mini Day" Entering Nursery School in Sept., '19	<b>NF</b>	<b>N7</b>	<b>N6</b>	<b>N5</b>	<b>N4</b>	<b>NJ</b>	<b>NA</b>
	\$4,250	\$4,100	\$3,850	\$3,650	\$3,550	\$3,550	\$3,550
3-Day "Mini Day" (Mon., Wed. & Fri.) Entering Nursery School in Sept., '19	<b>SF</b>	<b>S7</b>	<b>S6</b>	<b>S5</b>	<b>S4</b>	<b>SJ</b>	<b>SA</b>
	\$3,650	\$3,500	\$3,400	\$3,300	\$3,150	\$3,150	\$3,150

Please use one of the following codes to indicate your desired session:

	TF	T1	T2
<b>Pioneer-in-Training: Ages 20-30 Months as of 7/1/2019</b>	<b>Mon. - Fri.</b>	<b>Tues. &amp; Thurs.</b>	<b>Mon., Wed., &amp; Fri.</b>
9:45 - 12:15 Includes Morning Snack - Parent Transportation Only	7/1 - 8/16 (33 Days)	7/2 - 8/15 (13 Days)	7/1 - 8/16 (20 Days)
Limited Enrollment - No Credits Apply	\$3,100	\$1,600	\$2,100

\* Camp is closed on July 4<sup>th</sup> and July 5<sup>th</sup>

**Deposit:** \$1,250 per camper due upon enrollment.

**Sibling Credit:** \$200 off second child enrolled for a 7/8-week enrollment, \$150 off 5/6-week enrollment, \$100 off 4-week enrollment. \$500 off third child enrolled for a 7/8-week enrollment, \$375 off 5/6-week enrollment, \$250 off 4-week enrollment.

**Manhattan Surcharge:** \$500 per camper for transportation to and from Manhattan

**Split Transportation:** Transportation to and from camp on the same bus route in area served is included in the camp tuition. If a camper requires a second bus route on a regular basis, there will be a \$200 transportation surcharge per child added to the tuition cost.

### 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. CAMP PAYMENTS ARE REFUNDABLE UNTIL MARCH 1, 2019. 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 documented 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.

A deposit of \$1,250 per camper is required upon enrollment. Payment in full is due by April 1, 2019. Please make checks payable to Coleman Country Day Camp. By submitting this completed enrollment form, parent agrees to Coleman Country Day Camp's terms of enrollment. **Please note that a \$100 fee will apply after May 1, 2019 for any session change.**

For the general welfare of all campers, the Camp reserves the unrestricted right to dismiss any camper whose conduct or influence or whose parents, guardians, family members, or friends 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 Coleman Country Day 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 or on trips 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.

I give permission to Coleman Country to give out my address, phone number, and e-mail to other Coleman Country families for the purpose of birthday parties and play dates.

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.

The parent, guardian or person signing this agreement represents that he/she has full authority to do so and will be responsible for payment of all camp fees.

Day camp expenses may qualify for tax credit. For more information about using Form 2441 (Child and Dependent Care Expenses): <http://www.irs.gov/uac/Ten-Things-to-Know-About-the-Child-and-Dependent-Care-Credit>

Coleman Country Day Camp is licensed by the New York State Department of Health and is inspected twice yearly. Copies of the inspections are kept on file in the county Health Department Offices with the Office of Recreational Facilities at 200 County Seat Drive, Mineola, NY 11501. The Health Department Offices are open from 9:00am to 4:45pm.