**Windsor Athletic Club Summer Camp Registration 2018**

**99 Clarksville Road, West Windsor, New Jersey 08550 609-356-5500**

**Camper’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth \_\_\_/\_\_\_\_/\_\_\_School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade Sept 2018\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Friends to be placed with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  ***Please circle appropriate basic tuitio*n**  | **Member Tuition** | **Member Sibling Discount Tuition** |  | **Non-Member****Tuition** | **Non-Member** **Sibling****Discount Tuition** |  |
| **One Week****Two Weeks****Three Weeks** **Four Weeks** **Five weeks****Six Weeks****Seven Weeks****Eight Weeks****Nine Weeks** | **$425****$840****$1245****$1640****$2025****$2400****$2765****$3120****$3465** | **$383****$756****$1121****$1476****$1823****$2160****$2489****$2808****$3119** |  | **$455****$900****$1335****$1760****$2175****$2580****$2975****$3360****$3735** | **$410****$810****$1202****$1584****$1958****$2322****$2676****$3024****$3362** | ***The 10 % sibling discount is applicable to the second or third child in the family. Discount applies only to tuition.***  |

|  |
| --- |
| ***Please check off all weeks that your child will be attending*** |
| **\_\_\_Week One (6/25 - 6/29) \_\_\_Week Four (7/16 - 7/20) \_\_\_ Week Seven (8/6 - 8/10)****\_\_\_Week Two (7/2,3,5,6) \_\_\_Week Five (7/23 - 7/27) \_\_\_WeekEight (8/13 - 8/17)****\_\_\_Week Three (7/9 - 7/13) \_\_\_Week SIx (7/30 - 8/3 \_\_\_Week Nine (8/20 - 8/24)** |

|  |
| --- |
| **\_\_\_ Morning Care (7:00 - 8:30) am OR \_\_\_Extended Care (5:00 - 6:30 pm) *Please check all that apply*** |
|  **\_\_\_ Week One \_\_\_Week Four \_\_\_Week Seven** **\_\_\_ Week Two \_\_\_Week Five \_\_\_Week Eight** **\_\_\_ Week Three \_\_\_Week Six \_\_\_Week Nine****Total Number of Weeks x $50 = $\_\_\_\_\_\_\_\_\_\_** |
| **\_\_\_Morning Care AND Extended Care *Please check all that apply*** |
| **\_\_\_Week One \_\_\_Week Four \_\_\_Week Seven****\_\_\_Week Two \_\_\_Week Five \_\_\_Week Eight****\_\_\_Week Three \_\_\_Week SIx \_\_\_Week Nine****Total Number of Weeks x $100 = $\_\_\_\_\_\_\_\_\_\_\_\_** |

***Please Circle T-shirt size:* YOUTH 2-4 6-8 10-12 14-16 ADULT S M L XL XXL**

**Child’s Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Physician’s Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **I will drop my child off at \_\_\_\_\_\_\_\_\_am. I will pick my child up at \_\_\_\_\_\_\_\_\_\_pm.**

**The following people are authorized to pick up my child. The child will not be released to anyone not listed here.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The following people are authorized to assume responsibility for the child should the parent (s) not be available.**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Basic Tuition Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Amount Due$ \_\_\_\_\_\_\_\_**

**If your scheduled**

**week includes July 4th Less Deposit $\_\_\_\_\_\_\_\_\_**

**please deduct $80 - $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_**\_\_\_\_\_\_\_\_

**Subtotal $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Balance Due $\_\_\_\_\_\_\_\_\_\_**

**Morning or Extended Care + $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Amount Due $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

***Please circle one:*  I am paying by check credit card (We accept VISA, Mastercard and American Express)**

**Check Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Credit Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Securtity Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Complete Credit Card Billing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name as it appears on the card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount to be charged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code: \_\_\_\_\_\_\_\_\_\_\_\_ \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**How did you hear about us?**

**\_\_\_\_Prior Camper \_\_\_\_ Sibling Attended \_\_\_\_ Friend \_\_\_\_\_ Camp Fair \_\_\_Drove By**

**\_\_\_\_\_Advertisemtnt**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Please tell us where.. Thanks!)

 ***Please see back of page***

**REGISTRATION GUIDELINES**

1. **Please complete your child’s application and return with a check for the full amount or for $100 representing your deposit towards tuition. (This offer is good until April 16th.)**
2. **PAYMENT SCHEDULE. Half the balance is due before April 16th; the final balance on or before May 15th.**
3. **Tuition is refundable until May 15th. (For those who pay by credit card and withdraw before May 15th, a 6% processing fee will be charged.) NO REFUNDS FOR WITHDRAWAL WILL BE MADE AFTER MAY 15th.**
4. **Daily absences will not be refunded or made up.**
5. **Any request for change in schedule must be submitted by email or in writing.**
6. **A $30 service fee will be charged for all returned checks.**
7. **A completed camp provided Medical Form must be on file no later than June 1st as per the NJ Youth Camp Safety Act. Campers cannot attend without this medical form in our possession.**
8. **The Camp reserves the right to terminate this arrangement for nonpayment, or if it is the best interest of the Camp to do so.**
9. **The Camp may dismiss any Camper whose behavior is deemed detrimental to the well being and/or safety of others and/or themselves.**
10. **Parent(s) or Guardian(s) give permission to the Camp to use pictures in a brochure, or other types of media, in which their child appears.**
11. **Permission is hereby given to take my child outside the Windsor Athletic Club Summer Camp as part of the Camp program.**
12. **In the event of a medical emergency, I will be called. If circumstances require, the Windsor Athletic Club staff will respond as necessary until the Rescue Squad arrives. If hospitalization is required, I give permission for my child to be taken to the hospital and to be treated by a qualified physician.**
13. **The Camp is not responsible for any Camper’s belongings lost or damaged while attending Camp.**
14. **For membership tuition rates to apply, my membership must be active during the weeks that the camp is in session.**
15. **The goal of the Windsor Athletic Club Summer Camp is to create various opportunities for Campers to make friends and learn new skills in a fun and safe environment. I understand that part of the camping experience involves activities that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks and I am assuming them on behalf of my child. I realize that no environment is risk free, and I have instructed my child on abiding by the Camp’s rules (Please see back of page). My child and I agree that he or she is familiar with these rules and will obey them.**

**This registration form must be signed by the parent of guardian.**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**