

Reg. # _____	<h1 style="margin: 0;">HILLEL DAY CAMP</h1> <p style="margin: 0;">389 Central Avenue Lawrence, NY 11559 (516) 569-3370 Ext. 101 ENROLLMENT CONTRACT - 2019</p>	Date _____ Deposit _____
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PLEASE PRINT

Child's Name: _____ Male ___ Female ___ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Cross Street: _____ School _____ Grade Entering Sept. 2019 _____
Phone: () _____ EMAIL ADDRESS: _____
Father's Name: _____ Bus. Phone: () _____ Cell Phone: () _____
Mother's Name: _____ Bus. Phone: () _____ Cell Phone: () _____
Allergies: _____
Summer Address (if applicable): _____

**DISCOUNT REGISTRATION BY SEP 5, 2018 - \$2,800 FOR FULL 8-WEEK SESSION
IF PAID IN FULL - \$2,600 -- NO EXCETPIONS**

DATES OF CAMP: June 27, 2019 through August 20, 2019 - (No Camp July 4th)

Toddlers (2 yrs) Must be 2 yrs by August 2019 Camp hours (9 am - 1 pm)	Campers Entering Grades Nursery – Grade 3 Camp hours (9 am - 4 pm)	Campers Entering Grades Grades 4 - 8 Camp hours (9 am - 4 pm)	CIT Entering Grades 8 - 9
Full Season: \$2,550 <i>No Bus Transportation for this Program</i>	Full Season: \$3,100 Through 5/16/19	Full Season: \$3,200 Through 5/16/19	Full Season: \$1,900
Weekly Rate: \$350	Half Season: \$1,750 Weekly Rate: \$495	Half Season: \$1,850 Weekly Rate: \$525	Half Season: \$1,300

Session A (6/27 - 7/24) Session B (7/25 - 8/20) Full Season • NEW RETURNING CAMPER

A DEPOSIT OF \$250 MUST ACCOMPANY EACH APPLICATION. CHECKS PAYABLE TO HAFTR.
THE BALANCE MUST BE PAID IN TWO INSTALLMENTS: 50% BY MARCH 5, 2019 AND 50% BY MAY 31, 2019.
DEPOSITS ARE REFUNDABLE UNTIL NOVEMBER 21, 2018.
TUITION PAYMENTS ARE NOT REFUNDABLE AFTER JUNE 3.
FOR ANY CHANGES AFTER JUNE 3 THERE WILL BE A \$200 SERVICE CHARGE.
THERE ARE NO REFUNDS OR DISCOUNTS DUE TO ABSENCES, ILLNESS, OR WITHDRAWALS.

TRANSPORTATION: I NEED BUSSING AM _____ PM _____ I DO NOT REQUIRE BUSSING _____

(Available only for Ages 3+)

T- SHIRT (circle one size): 3T 4T 5T • YXS YS YM YL YXL • AS AM AL AXL

I give permission for my child to go on all trips and participate in any off-premises swimming.
I understand that pictures of my child may be used on the camp website and for promotional purposes.

Parent signature: _____ Date: _____

PLEASE GROUP MY CHILD WITH (We will try to honor at least ONE request)

1. _____ 2. _____ 3. _____

Please see reverse side

HILLEL DAY CAMP

ENROLLMENT CONTRACT - 2019
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Additional Camper Information

Is your child currently receiving any support services?

YES _____ NO _____

If yes, please indicate which services _____

Has your child ever had emotional, social or behavioral problems that required professional help? (ie: counseling or assessment)

YES _____ NO _____

If yes, please explain _____

Is there any additional information concerning your child about which the school/camp should be aware? (physical or emotional development, family life, custodial arrangements, etc.)

If yes, please explain _____

If divorced, who has legal custody? _____

Placement will not be guaranteed without a completed medical form and emergency card prior to camp starting.

Hillel Day Camp is required to be licensed by the Nassau County Department of Health

The Camp operator shall provide, with any enrollment application forms and/or enrollment contact forms mailed, or delivered to a person for purposes of enrollment of a child for any children's camp, a written statement and/or brochure outlining the rights and responsibilities of campers and camp operators and declaring:

- 1) That such camp is required to be permitted to operate by the Nassau County Department of Health
- 2) That such camp is required to be inspected twice yearly; and
- 3) The inspection records concerning such camps are filed at, 200 County Seat Drive, Mineola, NY 11501