

SUMMER
226 Hilltop Road
Monticello, NY 12701
tel: (845) 794-7620
fax: (845) 794-7564

WINSTON DAY CAMP

www.WinstonDayCamp.com

WINTER
633 Saw Mill River Road
Ardsley, NY 10502
tel: (914) 479-0435
fax: (914) 693-7678

2012

Camper's Name: _____
Last, First, Middle

Permanent Address: _____

Telephone: _____ Birthdate: _____

Age as of June 30, 2012: _____ Grade your child is completing in June: _____

Summer Address: _____ Male Female

_____ T-shirt Size: _____

Summer Telephone Number: _____

E-Mail Address: _____ Prior Years at Winston Day Camp: _____

Father's Name: _____ Mother's Name: _____

Business Phone: _____ Business Phone: _____

Cellular Phone: _____ Cellular Phone: _____

Please enroll my child in the following session:

<u>Tuition</u>		<u>Transportation</u>	
8 weeks- \$1675	<input type="checkbox"/>	6-8 weeks - \$350	<input type="checkbox"/>
7 weeks- \$1525	<input type="checkbox"/>	5 weeks - \$225	<input type="checkbox"/>
6 weeks- \$1375	<input type="checkbox"/>	2-4 weeks - \$175	<input type="checkbox"/>
5 weeks- \$1200	<input type="checkbox"/>		
4 weeks - \$1025	<input type="checkbox"/>		
3 weeks- \$900	<input type="checkbox"/>		
2 weeks -\$625	<input type="checkbox"/>		

(Please include dates attending _____)

Please mail to winter office: 633 Saw Mill River Road, Ardsley, NY 10502

Please turn over

For office use only: Bunk _____

Bus _____

Winston Day Camp

I hereby contract with Winston Day Camp, Inc. to pay the sum of _____ for the 2012 camping season. Said fee is payable as follows: \$300 upon signing of the contract; \$500 due by February 1, 2012 and balance due by June 1, 2012. Camp reserves the right to dismiss a camper whose conduct is unsatisfactory and detrimental to the best interests of the camp without a fee rebate. Said fee is non-refundable in the event of early departure from Camp as chosen by the camp or by the parents. Said fee includes tuition, hot lunch, T-shirt, group photo and mid-day snack. The camp may use pictures or video of the camper in promotional or advertising items regarding Winston Day Camp. If, in the judgment of the camp, it is necessary to use outside medical or dental aid for the camper's health and welfare, this gives the authorization to do so. This gives permission for the camper to attend any age-appropriate trips including, but not limited to: Kelder's Farm, Forestburgh Playhouse, rafting on the Delaware, Splashdown Beach Water Park, Valley Cone, intercamp games at local camps, Mountain Creek Water Park, nature hiking at Neversink Gorge or Stone Arch Bridge, or bowling at local bowling alley. Parents will be notified in advance of any trips through the camp newsletter, calendar, or a letter home. Winston Day Camp is licensed by The New York State Department of Health which inspects the Camp at least twice yearly. Copies of these reports are available at the Health Department office in Monticello, New York.

I HEREWITH ENCLOSE THE REGISTRATION FEE OF \$300 to be credited to my account. Said fees are refundable by June 1, 2012.

Signature of Parent or Guardian

Date

Accepted By:

Winston Day Camp

Credit Card Authorization:

Please charge \$ _____ to my Master Card Visa Discover Card American Express

Card Number : _____

Expiration Date: _____

Cardholders Name (Please Print) _____

Signature: _____
