



The Nature Place Day Camp
Presents The Outdoor Lesson
www.TheNaturePlace.com

285 Hungry Hollow Road, Chestnut Ridge, NY 10977
Winter Office Phone: (845) 356-6477
Summer Office Phone: (845) 356-1234
Ed Bieber - Owner/Director

ENROLLMENT CONTRACT FOR 2010

Child's Name (last name) (first name) (middle name) Male Female

Address (Street) (Town) (State) (Zip)

Phone School Grade as of 9/2010

E-Mail Date of Birth

Parent's Name Home Add

Cell Phone Business Phone Home Phone

Parent's Name Home Add

Cell Phone Business Phone Home Phone

TUITION AND ENROLLMENT

One Week \$ 760 To be paid as follows: \$400 Deposit with contract, \$360 March 1
Two Weeks \$1520 To be paid as follows: \$750 Deposit with contract, \$770 March 1

Your deposit minus \$75 is refundable until March 1, 2010. After March 1 the entire deposit is non-refundable.

Families subtracting weeks after the initial commitment will be granted tuition refund for the following season, not a monetary refund. Tuition refund/credit will be arranged after one five day period of consecutive absence due to illness verified by a physician. No tuition credits will be made for any non-consecutive absences. Additional weeks may be added after the initial commitment for \$760 per week.

Camp will be in session weekdays (9:00 am to 4:00 pm) August 9 - August 20.

Circle the weeks requested.

Week 1 (8/9-8/13) Week 2 (8/16-8/20)

I have read and understood the foregoing and agree to the terms thereof.

Parent's Signature Date

EXTENDED HOURS

Before-camp Care is available from 7:30 – 9:00 am for \$8.00 per day and must be prepaid.

After-camp Care is available from 4:00 – 5:30 pm for \$10.00 per day and must be prepaid.

_____ I will need Before-camp Care

_____ I will need After-camp Care

EMERGENCY CONTACTS (Other Than Parent)

1. _____ Phone # _____ Relationship _____

2. _____ Phone # _____ Relationship _____

3. _____ Phone # _____ Relationship _____

GENERAL PERMISSION

I give my child, _____, permission to fully participate in all **NATURE PLACE DAY CAMP** activities, including day trips, overnights and special events. I have read and understood the foregoing and agree to the terms thereof.

Parent’s Signature _____ **Date** _____

VIDEO/PHOTO RELEASE PERMISSION

I give permission for any photograph or video my child may appear in while participating in camp activities to be used for the purpose of publicity (family slide show, open house slide show, albums, brochures, web site etc.). In the event you choose not to give this permission, an identifying photograph of your child must be provided.

Parent’s Signature _____ **Date** _____

SHARING PHONE # PERMISSION

I do I do not give **THE NATURE PLACE DAY CAMP** permission to share my phone number for play arrangements, carpooling and group lists.

Parent’s Signature _____ **Date** _____

FRIENDSHIP REQUEST

I wish my child to be in the same group as: _____

Requests will be honored only if possible, but are not guaranteed. The request must be mutual (the child named must request your child). It is understood that the children are near in age and grade.

How did you hear of the Nature Place? _____

THE NATURE PLACE DAY CAMP is accredited by the American Camping Association and is licensed by the New York State Department of Health. Copies of the inspections are filed with the Rockland County Health department in Pomona, New York.