



**The Nature Place Day Camp**

**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

**BERGEN/ROCKLAND ENROLLMENT CONTRACT FOR 2008**

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

Address \_\_\_\_\_  
(Street) (Town) (State) (Zip)

Phone \_\_\_\_\_ School \_\_\_\_\_ Grade as of 9/2008 \_\_\_\_\_

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**

**There is a separate enrollment contract for our Teen Program**

Six Weeks \$3875 - To be paid as follows: \$750 deposit with contract, \$1600 Feb. 15 and \$1525 March 15.

Five Weeks \$3675 - To be paid as follows: \$750 deposit with contract, \$1500 Feb. 15 and \$1425 March 15.

Four Weeks \$2950 - To be paid as follows: \$750 deposit with contract, \$1300 Feb. 15 and \$900 March 15.

\$650 of the deposit is refundable until March 15, 2008. After March 15 the entire deposit is non-refundable. There is a \$100 discount for each additional child's tuition (enrollments of 4, 5 or 6 weeks only). Enrollments of less than four weeks are accepted after May 1 (for \$740 per week) as space allows. Please call for availability.

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 \$740 per week.

**Camp will be in session weekdays (9:00 am to 4:00 pm) June 30 - August 8.**

Camp will be closed Friday, July 4, 2008.

**Circle the weeks requested.**

**Week 1 (6/30-7/4) Week 2 (7/7-7/11) Week 3 (7/14-7/18) Week 4 (7/21-7/25) Week 5 (7/28-8/1) Week 6 (8/4-8/8)**

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

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Bus Transportation**

Bussing is available for an additional fee of \$600. \$300 is due with this contract; the remainder is due March 15. This fee is non-refundable. One-way transportation is not available. We utilize centralized public pick-up/drop-off points for all bus routes.

Check one:  I do enter contract for bus transportation  I do NOT enter contract for bus transportation

Bus stops are located in the following towns. Please circle the bus stop of your choice:

**Closter Glen Rock Ho Ho Kus Old Tappan Ridgewood Teaneck Tenafly Wyckoff**

**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.