

Pathfinder Country Day Camp ~ Enrollment Form 2010

Oct. 1, 2009 to May 9, 2010 Mail to: P.O. Box 30372 Fort Lauderdale, Florida 33303 Fax: 954 769 0053
 May 10, 2010 to September 20, 2010 Mail to: P.O. Box 807 Montauk, New York 11954 Fax: 631 668 6026
 Camp Telephone:: 631 668 2080 Please print information.

For Office Use Only	
Dep: _____	Cert: _____
Date: _____	Med: _____
Bill: _____	Bus: _____

Child's Last Name: _____ First Name: _____ M or F

Birthday: _____ Age: (must be 3.5 yrs) _____ Child's School: _____ Sept 2010 Grade: _____

Parent Name: _____ Winter Phone# _____ Cell# _____

Winter Mailing Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Summer Ph#/Cell: _____ Emergency # _____

Summer Address (for bus transportation) Street: _____ Town: _____

Summer Options: All Prices Include Transportation

8 Weeks Day Camp
\$4800.00
 Full Season Session
 June 28th ~ August 20th

4 Weeks Day Camp
\$2625.00
 Session 1 June 28 ~ July 23
 Session 2 July 26 ~ Aug 20

Please Check One Option:

2 Weeks Day Camp \$1500.00
(2 weeks may not be split)

3 Weeks Day Camp \$2100.00

4 Weeks Day Camp \$2625.00

5 Weeks Day Camp \$3250.00

6 Weeks Day Camp \$3850.00

7 Weeks Day Camp \$4300.00

Dates Attending: Weeks _____

**Important Transportation information.
 Please be specific about child's dates.*

Camper Begin Date: _____

Camper End Date: _____

Camper Out Week : _____

Camper Return Week: _____

Tuition includes:
*Transportation
 Backpack
 Camp T-Shirt
 Snacks
 Friday Cookout
 Beverages*

Payment/Refunds:
*Tuition Due in Full
 with Camper Enrollment
 Checks Payable to:
Pathfinder Day Camp
 Sorry, no credit cards
Non-refundable:
 \$300 registration fee
 (included in tuition)*

Please Check One Option:

3 Days/Week 1 Mth \$1975.00

3 Days/Week 2 Mths \$3700.00

4 Days/Week 1 Mth \$2425.00

4 Days/Week 2 Mths \$4600.00

Daily Guest Rate: \$175.00/day
*(Guests: full medical/enrollment required)
 (Guests receive Backpack, camp T-shirt)*

Dates Attending: Weeks/Days _____

**Important Transportation information.
 Please be specific about child's dates:*

Child Begin Date: _____

Child End Date: _____

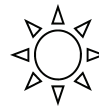
Days of the week attending:
 (please circle days) M T W Th F



2nd Child Discount: \$125.00 (minimum enrollment 5 wks)

3rd Child Discount: \$150.00 (minimum enrollment 5 wks)

4th Child Discount: \$175.00 (minimum enrollment 5 wks)



Children may not attend Pathfinder unless payment is received in full and child has a physician completed medical form on site. There will be no exceptions. Thank you for your corporation.

Parents Signature: _____ Date: _____

Pathfinder Country Day Camp Summer 2010

Childs Last Name: _____ First Name: _____

Years Attended Pathfinder? _____ 2009 Group Name _____

Age (as of June 28th, 2010): _____ (campers must be 3.5 years old, no exceptions please)

If possible, please place my child in the same group as: _____

The only co-ed groups are the 3.5 yrs and 13 yrs.

How did you hear about Pathfinder? () Friend () Advertising () Other _____

Sessions/Weeks Attending:

() My child will be attending different weeks than sessions offered. (Please be specific: dates, weeks, days, etc.)

Child will begin Date: _____ Child will end Date: _____

Bus Transportation:(very important)

Summer Street Address with House Number: _____ Town _____

Cross Streets? _____ Landmarks? _____

***Children cannot receive bus transportation without a physician completed medical form on site.**

Swimming Ability: Please Check:

() Great () Good () Fair, willing to learn () Afraid of the water () Does not swim, loves the water!!

() Uses floating device

Additional comments/concerns about swimming: _____

Pathfinder Country Day Camp: Terms, Conditions: Please read.

This enrollment is not valid unless signed, dated, and understood by a parent or guardian of enrolling camper.

This agreement must be reviewed accepted by the Camp Directors.

A. For the general welfare of all campers, Pathfinder reserves the unrestricted right to dismiss any camper whose conduct or influence, in the Director's opinion, is detrimental to the best interest of Pathfinder and our campers.

B. This agreement gives Pathfinder permission, by the parent, for the camper to attend off-campus activities and trips.

C. It is agreed and understood that in the event a parent cannot be reached, in case of an emergency affecting the camper, permission is given for Pathfinder to administer proper treatment by the camps physician.

Terms Read: Please Initial: _____ Date: _____

Payments and Refunds: Please read.

***Children may not attend Pathfinder with an outstanding balance or without a physician completed medical form on site.**

A. Tuition Refunds: Tuition is refundable in full prior to 6/1/10. After 6/1/10, refunds are available until 7/9/10, with the exception of a \$300.00 non-refundable registration fee. **50% of tuition is refundable after 7/9/10.**

B. Unhappy Camper Refund: Tuition will be refunded, less the \$300.00 registration fee. In addition, a separate fee for camp days attended will be charged. The fee is \$175.00/day.

C. Early Enrollment Tuition: Due date is 3/1/09. Early Enrollment tuition is not valid after 3/1/09.

D. Sick/Absent Days: Make up days are available within the registered Pathfinder Calendar 4 Week Sessions. Days may not be used thru the following sessions. A credit for summer 2011 can be issued for sick children, with a doctors note. All make up days must be discussed with a director.

E. Children Attending 3 Days/Week: Make up days are available for children attending 3 days/week, within the same registered session. There are no refunds for missed camper days.

Terms Read: Please Initial: _____ Date: _____

Parents Agreement Signature _____ Date _____

I give permission for my child to be photographed for advertisement purposes:

() Yes, I give permission to photograph my wonderful child. () No thank you, but thanks for asking!



Camper Medical Office Information 2010
(Very important...to be completed by a parent/guardian, please)



Campers Last Name: _____ First Name: _____ M or F

Age: _____ Date of Birth: _____ Parents Name: _____

Parent Summer Contact Information: Home Phone: _____ Mobil: _____

Emergency Contact Number: _____ Contact Persons Name: _____

Winter Address: Street: _____ City: _____ State: _____ Zip: _____

Summer Address: Street: _____ City: _____ State: _____ Zip: _____

Medical Insurance information:

Insurance Company Name: _____ Primary Card Holder: _____

Policy Number: _____ Group Number: _____

Security Information:

If you are not available, who has permission to pick up your child? (Person must bring picture ID)

1.Name: _____ Relationship: _____ Does Child Know this Person? _____

2.Name: _____ Relationship: _____ Does Child Know this Person? _____

3.Name: _____ Relationship: _____ Does Child Know this Person? _____

Allergies: () No () Yes **(Pathfinder is a nut-free environment. No peanut butter/nuts at camp.)**

() Food? () Bees? () Asthma? () Other? _____

Specific Foods: _____

Reaction to Allergen: _____

Medications needed at camp? ()No ()Yes, as a precaution.

()Yes, medication ay camp taken at _____time everyday.

What medications at camp? _____ Dose? _____

Does you child take medications at home? () No () Yes, for what reason? _____

Children with allergies to foods or bees, have asthma, must have medications available at camp. Please check your expiration dates before sending medication. We need a doctors order written on your child's medical form to allow us to administer any prescription or over the counter medications.

Please keep in mind, the more we know about your child, the better his or her camp experience will be with us.

Is your child completely potty trained? (ages 3.5 to 6 years old) () Yes () No () DNA

Are there any other medical concerns you may want to share with us? _____

Does your child have any anxieties or fears you may want to share with us? _____
