

2008 SALTAIRE DAY CAMP APPLICATION

MAKE CHECKS OUT TO: **VILLAGE OF SALTAIRE**
 RETURN APPLICATION AND FEE TO: **PO BOX 5551, BAYSHORE, NY 11706**

Day Camp Rates	Early Registration		Late Registration		<u>AMOUNT PAID</u>
<u>SALTAIRE RESIDENT FEE:</u>	<u>Before 5/15/08</u>		<u>After 5/15/08</u>		
Seasonal Rate (1st Child/2nd Child)	\$1,200	\$1,080	\$1,350	\$1,215	\$ _____
July Rate (1st Child/2nd Child)	\$700	\$630	\$800	\$720	\$ _____
August Rate (1st Child/2nd Child)	\$650	\$585	\$750	\$675	\$ _____
Weekly Rate	\$195		\$225		\$ _____
Daily Rate[Max 3 Days]	\$45		\$50		\$ _____
 <u>NON-SALTAIRE RESIDENT FEE</u>					
Seasonal Rate (1st Child/2nd Child)	\$1,400	\$1,260	\$1,550	\$1,395	\$ _____
July Rate (1st Child/2nd Child)	\$825	\$743	\$875	\$788	\$ _____
August Rate (1st Child/2nd Child)	\$800	\$720	\$850	\$765	\$ _____
Weekly	\$235		\$250		\$ _____
Daily Rate[Max 3 Days]	\$55		\$60		\$ _____
 TOTAL FEE					 \$ _____

FOR DAILY AND WEEKLY REGISTRATION, PLEASE LIST WEEKS OF ENROLLMENT

NAME OF CHILD	BIRTHDAY M/D/Y	NAME OF CHILD	BIRTHDAY M/D/Y
1) _____		2) _____	
3) _____		4) _____	

FIRE ISLAND ADDRESS & PHONE: _____

PERMANENT ADDRESS: _____
 Street City State Zip

PERMANENT PHONE: _____ EMAIL: _____

PARENTS' NAME: _____

EMERGENCY NAME & PHONE: _____

Age Group Policy: Placement in age groups will be determined by the camper's age during the camp season. If a new camper's birthday is in July or August, he or she can choose which age group to join, and they will remain with that group until they graduate from the camp. In that instance however, we strongly recommend that the camper be placed in the younger group. This will allow the camper one more year in the camp program, and will allow them to become CIT's the first year after they graduate the camp. Proof of Age for 4 year-olds must be submitted to the Village, and in no instance may a camper begin camp until he/she has reached age 4.

Medical Coverage and Waiver: The Recreation Program provides limited accident insurance coverage for each child during participation in camp activities. The terms and conditions of the policy are available through the Village Office. It is not in any way a substitute for family medical coverage. I give permission for emergency diagnostic and therapeutic procedures, including hospitalization, securing proper treatments, injection of medication, anesthesia or surgery as may be deemed necessary for my child by the medical personnel in charge of care at the time; and also provide information concerning my child's medical condition to the responsible officials when deemed necessary. My child is in good health and has my permission to enroll and participate. My child has no previous sickness, illness, disease or bodily injury which is in any way a constraint or restriction to his/her participation in the Saltaire Day Camp. I understand that I must have a complete medical form signed by a physician on file prior to the first day my child begins camp.

Refund Policy: No refunds given for daily or weekly registration. 50% refund given if camper drops out on or before his/her fourth day of camp. No refund given after camper's fourth day of camp.

 PARENT'S NAME OR PARENTAL DESIGNEE'S NAME

 PARENT'S SIGNATURE DESIGNEE'S SIGNATURE