



ROLLING HILLS DAY CAMP INC.

2008 ENROLLMENT APPLICATION

Director
Billy Breitner

Country Day Camp

Camper's Name _____ Sex _____ Date of Birth _____ Grade in Sept 08 _____

Address _____ Town _____ Zip _____

Home Phone _____ School _____ Prev # of years at RHDC _____ New Camper _____

Father's Name _____ Bus. Phone _____ Occupation _____

Mother's Name _____ Bus. Phone _____ Occupation _____

Father's Cell Phone _____ Mother's Cell Phone _____

Emergency Contact _____ Phone _____ Relation _____

E-mail _____ Previous Camp Attended (for new campers only) _____

T U I T I O N S C H E D U L E

Please Select Desired Program All Grades are entering Sept 2008	8 Weeks Jun 30 - Aug 22	7 Weeks 1 2 3 4 5 6 7 8 (Please circle weeks)	6 Weeks	4 Weeks Jun 30 - Jul 25 or Jul 28 - Aug 22
			<input type="checkbox"/> Jun 30 - Aug 8 <input type="checkbox"/> Jul 14 - Aug 22 or 1 2 3 4 5 6 7 8 (Please circle weeks)	
Full Day, 5 Days, 1st - 7th grades (9am - 4pm)	<input type="checkbox"/> 4750	<input type="checkbox"/> 4600	<input type="checkbox"/> 4450	<input type="checkbox"/> 3355
Full Day, 5 Days, Pre K - K (9am - 4pm) Ages 3, 4 & 5	<input type="checkbox"/> 4575	<input type="checkbox"/> 4425	<input type="checkbox"/> 4275	<input type="checkbox"/> 3230
Full Day, 3 Days, Pre K - K (9am - 4pm) Ages 3, 4 & 5	<input type="checkbox"/> 3975	<input type="checkbox"/> 3825	<input type="checkbox"/> 3675	<input type="checkbox"/> 2810
Teen Program 8th, 9th, 10th Grades (includes day trips)	<input type="checkbox"/> 5075	<input type="checkbox"/> 4925	<input type="checkbox"/> 4775	<input type="checkbox"/> 3585
Travel Program 7th, 8th, 9th Grades (overnights)	<input type="checkbox"/> 6400	<input type="checkbox"/> 6250	<input type="checkbox"/> 6100	<input type="checkbox"/> 4600

* Tuition includes door to door transportation, hot lunch, camp backpack, towel service, t-shirt, snacks, and trips (lunch not included everyday in travel or teen programs).

* 5% & 10% discounts will be applied to 2nd & 3rd sibling enrolled.

* Visa, Mastercard, American Express or Check are accepted.

* Please sign and date on reverse side.

Credit Card # _____

VISA MC AMEX EXP ____/____

CVV Security Code _____

Payments will automatically be charged to your credit card when due.

Balance is due upon registration.

14 Dittmar Road - PO Box 6623 Freehold, New Jersey 07728
Phone (732) 308-0405 - Fax (732) 780-4726
www.rollinghillsdaycamp.com - info@rollinghillsdaycamp.com

Office only:

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ADDITIONAL INFORMATION

- * There are no make up days for absences or days missed.
- * After June 1, 2008 increases in number of weeks attended will be charged at the prevailing rate.
- * Camp is closed Friday July 4th, 2008.
- * 4 Week enrollments must be either 6/30 - 7/25 or 7/28 - 8/22.

Is there any personal information (allergies, behavioral medication, etc.) we should know that will help with your child's adjustment to camp?

GROUPING

Please group my child with... (list 3 children in order of preference.)
Requests to group your child with another camper should be made by parents of both campers. We will do our best to honor all requests.

_____ first choice

_____ second choice

_____ third choice

ACTIVITIES

My child has permission to engage in all programmed camp activities, except as noted on the camper's medical form.

Rolling Hills is based on a 5 day per week 8 week experience. I understand that signing up for other than 5 days 8 weeks, my child will miss certain scheduled activities, shows, special events, and other planned programs.

TUITION REFUND POLICY & REDUCTION OF WEEKS

I understand all payments are refundable until March 1, 2008, less a \$100 processing fee. After March 1, 2008, NO tuition will be refunded. After March 1st, any reduction in weeks attending will result in a credit towards Summer 2009. After June 1st, no credits will be issued. There are NO refunds for camp closing, incidental absences, transportation delays, withdrawals or dismissal from camp. No allowance or credit will be issued for missed, cancelled or changed weeks. In the event that your child is absent from camp due to an accident or sickness, (as certified by a physician) we will refund as follows: Payment shall be made after the 6th consecutive absence from camp. After the 6th consecutive absence a refund of \$50 per day will be paid to you for each day's consecutive absence immediately following thereafter.

I understand that if I have not paid my child's balance in full by the due date, my child's enrollment is subject to cancellation.

CAMP T-SHIRT SIZE

(please circle)

6-8

10-12
Child Sizes

14-16

S

M

L

Adult Sizes

CAMP PERMISSION SLIPS

Permission is hereby granted to Rolling Hills to take my child on local trips outside camp as part of the regular camp program.

PICTURES

Parent hereby grants permission for photographs to be taken on the premises of Rolling Hills and Rolling Hills has the right to utilize photographs in camp brochures, display photography or electronic media.

EMERGENCY

In the event that you cannot be contacted in an emergency you hereby grant permission for Rolling Hills to bring your child to the emergency room.

MEDICAL RELEASE

I hereby give permission to the Medical personnel selected by the camp director to provide routine healthcare.

DISMISSAL OF CAMPER

The camp reserves the right to dismiss any camper whose condition, conduct, influence, or behavior is deemed unsatisfactory or detrimental to the best interest of the camp, the camper, or their fellow campers. In these instances, refunds will be issued at the discretion of the camp.

I hereby enroll my child with this application for the number of weeks stated herein. I will adhere to the tuition payment policy and understand the camp refund policy

PARENT SIGNATURE _____ **DATE** _____