



**Farm and Garden Days**

**www.thenatureplace.com**

285 Hungry Hollow Road, Chestnut Ridge, NY 10977

Winter Office Phone: (845) 356-6477

Winter Office Fax: (845) 356-2932

**Ed Bieber - Owner/Director**



**ENROLLMENT CONTRACT FOR 2012**

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

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

Home Phone \_\_\_\_\_ School \_\_\_\_\_ Grade as of 9/2012 \_\_\_\_\_

E-Mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

First number to call \_\_\_\_\_ Second number to call \_\_\_\_\_

**TUITION AND ENROLLMENT**

One Week \$790 To be paid as follows: \$200 deposit with contract \$590 due March 1

Two Weeks \$1580 To be paid as follows: \$400 deposit with contract \$1180 due March 1

Sibling discount: 5% off total tuitions.

Families subtracting weeks after the initial commitment will be granted tuition credit 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 \$790 per week.

**Camp will be in session weekdays (9:00 am to 4:00 pm) August 6 - August 17.**

**Circle the weeks requested.**

**Week 1 (8/6-8/10)      Week 2 (8/13-8/17)**

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

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

**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 if possible, but are not guaranteed. 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.