



The Nature Place Day Camp
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



WESTCHESTER 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

Six Weeks \$4900	To be paid as follows:	\$750 deposit with contract	\$2075 due Feb. 1	\$2075 due March 1
Five Weeks \$4700	To be paid as follows:	\$750 deposit with contract	\$1975 due Feb. 1	\$1975 due March 1
Four Weeks \$3880	To be paid as follows:	\$750 deposit with contract	\$1565 due Feb. 1	\$1565 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 \$970 per week.

Camp will be in session weekdays (9:00 am to 4:00 pm) June 25 - August 3.

Camp will be closed Wednesday, July 4, 2012.

Circle the weeks requested.

Week 1 (6/25-6/29) Week 2 (7/2-7/6) Week 3 (7/9-7/13) Week 4 (7/16-7/20) Week 5 (7/23-7/27) Week 6 (7/30-8/3)

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

Parent's Signature _____ Date _____

Bus Transportation

The cost of busing is included in tuition. We utilize centralized public pickup/drop off points for all bus routes. Please contact the office for additional information regarding our stops and routes.

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.