

Buckley Country Day Camp

2010 Enrollment Form

Your deposit is fully refundable until April 1st.

Name: _____	Home Phone #: _____
Date of Birth: _____ Sex: _____	Mother's Name: _____
Age as of 7/1/10: _____	Mother's Work/Cell: _____
Grade (next September): _____	Father's Name: _____
Number of Years at Buckley (including this summer): _____	Father's Work/Cell: _____

Transportation:

Does your child require a bus? Changes must be in writing by May 1, 2010.

- Yes, my child will use bus transportation.
- No, my child does NOT need bus transportation. (I understand that I will receive a transportation discount, \$40 per week.)

Street Address *:	City:	State: NY	Zip:
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*This is where the bus will pick-up and drop off.

Main Contact Information:

BCDC must have (only) ONE e-mail address and the best ONE phone number that we can use to contact you before and during camp.

E-mail Address:	Phone Number:
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Emergency Contact (other than parents):

Name:	Relationship:	Number:
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Please mark the session/date you would like:

A \$500 deposit, per camper, is required for enrollment. Your deposit is 100% refundable until April 1st.

Mini Day 9:00 – 1:00 p.m.

(entering N [3 years by 9/1/09] - K)

- 8 weeks (6/29-8/20).....\$6320
- 6 weeks (6/29-8/06).....\$5710
- 6 weeks (7/12-8/20).....\$5710
- 4 weeks (6/29-7/23).....\$4650
- 4 weeks (7/26-8/20).....\$4650

Counselor In Training 9:00 - 4:00 p.m.

(entering 9th - 11th grade)

- 8 weeks (6/29-8/20).....\$5720
- 6 weeks (6/29-8/06).....\$5130
- 6 weeks (7/12-8/20).....\$5130
- 4 weeks (6/29-7/23).....\$4200
- 4 weeks (7/26-8/20).....\$4200

Full Day 9:00 - 4:00 p.m.

(entering Pre-K - 7th grade and "Teen Campers" 8th grade)

- 8 weeks (6/29-8/20).....\$6800
- 6 weeks (6/29-8/06).....\$6070
- 6 weeks (7/12-8/20).....\$6070
- 4 weeks (6/29-7/23).....\$5130
- 4 weeks (7/26-8/20).....\$5130

Sibling Discount: 2nd Child 10%, 3rd Child 15%, 4th Child (+) 20%.

Payment Method

Visa M.C. AMEX Discover Check Enclosed Cash

Amount Paid (minimum \$500 deposit) _____

Card Number _____ Exp. _____

Name on Card _____

Billing address (if different from above): _____

Cardholder Signature _____

Terms of Agreement:

- I understand that the \$500 deposit will be paid upon enrollment and my full balance is due by May 15, 2010.
- Should it be necessary for any reason to change enrollment or withdraw from the camp (I must make this request in writing)
 - Before April 1st, 2010 my \$500 deposit will be fully refunded.
 - After April 1st but before May 15th, 2010 my tuition including deposit will be refunded minus a \$100 processing fee.
 - After May 15th, 2010 my child's tuition including deposit will not be refunded.
- There are no refunds for absences unless for medical reasons for 5 or more consecutive days, a pro-rated refund will be made. A Physician's note must be submitted.
- Buckley Camp reserves the right to terminate a child's enrollment for any reason pertaining to the safety and welfare of all campers.
- I understand a current Health Form & Emergency Release form must be on file at Buckley Camp by June 1, 2010.
- I hereby give permission for photographs of my child to be taken and used for any promotional uses.
- I understand that I am responsible for the balance of my tuition and my credit card will be billed for any final outstanding balances on May 15th.

Parent's Signature: _____ Date: _____