

CAMPER'S NAME: \_\_\_\_\_

GRADE IN FALL 2018: \_\_\_\_\_

# 2018 Summer Camp

# REGISTRATION

# PACKET

COMPLETE ALL PAGES  
- LIMITED ENROLLMENT -

**\*\*EARLY BIRD RATES - REGISTER BY MARCH 24<sup>TH</sup>\*\***

**Allaire Country Day**



**SUMMER  
CAMP**

**AT GOODSPORTS USA**

**2903 HIGHWAY 138, WALL, NJ 07719**

**732-681-4651 OR [INFO@ALLAIRECOUNTRYDAY.COM](mailto:INFO@ALLAIRECOUNTRYDAY.COM)**

# CAMP FEES, SPECIALS & BILLING POLICIES

## ALLAIRE COUNTRY DAY SUMMER CAMP 2018

⇒ **REGISTRATION FEE:** \$55 PER CAMPER.

\$110 maximum per family - 3rd, 4th, etc. children register for free. All children MUST reside at the same address.

⇒ **TUITION PRICING PACKAGES:** REGULAR CAMP HOURS - **9AM to 4PM**

Select a package level for your camper when you submit your schedule.

Any extra days added to your child's schedule are subject to your originally selected gold, silver or bronze pricing.

### TODDLER TO 9TH GRADE CAMPERS 9AM to 4PM

PACKAGE	NO. OF DAYS	<b>EARLY BIRD</b> CAMP RATES	CAMP RATES AFTER MARCH 24 <sup>TH</sup>
GOLD	41-54 Days	<b>\$56 PER DAY</b>	\$65 PER DAY
SILVER	25-40 Days	<b>\$65 PER DAY</b>	\$71 PER DAY
BRONZE	10-24 Days	<b>\$72 PER DAY</b>	\$78 PER DAY

### TODDLER / PRE-K HALF DAY PROGRAM 9AM to 1PM

PACKAGE	NO. OF DAYS	<b>EARLY BIRD</b> CAMP RATES	CAMP RATES AFTER MARCH 24 <sup>TH</sup>
GOLD	41-54 Days	<b>\$44 PER DAY</b>	\$48 PER DAY
SILVER	25-40 Days	<b>\$48 PER DAY</b>	\$53 PER DAY
BRONZE	10-24 Days	<b>\$54 PER DAY</b>	\$59 PER DAY

⇒ **BEFORE & AFTER CARE:** Before Care **7:00am to 9:00am** / After Care **4:00pm to 6:00pm**

\$3.50 per 30 minutes per camper or \$5 per 30 minutes per family

**\*NEW THIS YEAR!** Offering better extended care rates for working parents who need to utilize either before or after care!

**OPEN HOUSE: SATURDAY, MARCH 24<sup>TH</sup> - 11AM to 2PM**

\* **REGISTRATION ON OR BEFORE 3/24:** Receive "early bird" camp rates, waived registration fee & \$100 coupon towards Goodsports programs or birthday party.

\* **REGISTRATION BETWEEN 3/25-4/15:** Receive "regular" camp rates & waived registration fee

\* **REGISTRATION AFTER 4/15:** Receive "regular" camp rates

#### **TO REGISTER:**

- SUBMIT PAGES 2, 3 & 4 OF REGISTRATION PACKET OR COMPLETE ONLINE REGISTRATION
- PAY \$300 DEPOSIT\* + \$55 REG. FEE/PER CAMPER (MAX REG. FEE OF \$110 PER FAMILY)
- REGISTRATIONS SUBMITTED PRIOR TO MAY 1ST MUST BE COMPLETED BY MAY 1ST OR A \$50 LATE FEE WILL OCCUR.

**\*\*\*Registration after May 1st will only be accepted with a completed registration packet at time of registration based on availability. NO PENALTY FOR LATE REGISTRATION!**

**\*\*\*HEALTH RELEASE FORMS ARE DUE JUNE 15<sup>TH</sup> OR YOUR CHILD CANNOT START CAMP.**

\* TUITION DISCOUNTS FOR ANY SIBLING THAT RESIDES IN THE SAME HOUSEHOLD.

10% OFF 2ND CHILD, 25% OFF THIRD CHILD, 50% OFF FOURTH CHILD

Discount does not apply to field trip fees or registration fees.

Sibling discount will be applied to the sibling with the lowest tuition rate. **Sibling discounts apply to all packages.**

\* **DEPOSITS WILL BE APPLIED TO YOUR FIRST BILLING CYCLE**





# ALLAIRE COUNTRY DAY SUMMER CAMP SCHEDULE FORM

Camper's Full Name: (Please PRINT Clearly)

D.O.B.

Grade in Sept. 2018

## 2018 SUMMER CAMP SCHEDULE

Regular Camp Hours 9:00am - 4:00pm • Before Care Hours 7:00am - 9:00am • After Care Hours 4:00pm-6:00pm

<b>SELECT A PACKAGE</b>	<b>TODDLER - 9TH GRADE CAMPERS</b>	<b>TODDLER/PRE-K - 1/2 DAY CAMPERS</b>
	<input type="checkbox"/> GOLD 41-54 Days	<input type="checkbox"/> GOLD 41-54 Days <i>Half Day Hours</i>
	<input type="checkbox"/> SILVER 25-40 Days	<input type="checkbox"/> SILVER 25-40 Days <i>9:00am-1:00pm</i>
	<input type="checkbox"/> BRONZE 10-24 Days	<input type="checkbox"/> BRONZE 10-24 Days

Please (✓) check each box for ALL camp days your child is attending. Circle Before Care (BC) and/or After Care (AC) on days that apply. Toddlers and Pre-K utilizing the half day program **MUST** write in "1/2 day" in each box to indicate what you are registering for.

WEEK #	DATES	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Internal Use ONLY AMOUNT DUE
1	June 18-22	BC AC	BC AC	BC AC	BC AC	BC AC	\$
2	June 25-29	BC AC	BC AC	BC AC	BC AC	BC AC	\$
3	July 2-6	BC AC	BC AC	CLOSED JULY 4TH	BC AC	BC AC	\$
4	July 9-13	BC AC	BC AC	BC AC	BC AC	BC AC	\$
5	July 16-20	BC AC	BC AC	BC AC	BC AC	BC AC	\$
6	July 23-27	BC AC	BC AC	BC AC	BC AC	BC AC	\$
7	July 30-Aug 3	BC AC	BC AC	BC AC	BC AC	BC AC	\$
8	August 6-10	BC AC	BC AC	BC AC	BC AC	BC AC	\$
9	August 13-17	BC AC	BC AC	BC AC	BC AC	BC AC	\$
10	August 20-24	BC AC	BC AC	BC AC	BC AC	BC AC	\$
11	Aug 27-31	BC AC	BC AC	BC AC	BC AC	BC AC	\$

**By submitting the above schedule, I acknowledge that I am contracted to the number of days selected and I cannot remove camp days under any circumstances. Camp days can be switched following our change of schedule policy (see pg. 3) and camp days can be added without penalty.**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Tuition Total	\$
Discount	\$
Registration Fees	\$
Field Trip Fees	\$
Elective Fees	\$
<b>TOTAL</b>	<b>\$</b>



# REGISTRATION FORM

CAMPER'S NAME \_\_\_\_\_ M / F DOB: \_\_\_\_\_ GRADE IN SEPT. 2018 \_\_\_\_\_

*If you have multiple children, please ask for the sibling packet!*

T-SHIRT SIZE:  YXS  YS  YM  YL  AS  AM  AL  AXL SCHOOL ATTENDED '17/'18 \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY / STATE / ZIP \_\_\_\_\_

PARENT #1 NAME: \_\_\_\_\_ CELL # \_\_\_\_\_

WORK # \_\_\_\_\_ EMAIL \_\_\_\_\_

PARENT #2 NAME: \_\_\_\_\_ CELL # \_\_\_\_\_

WORK # \_\_\_\_\_ EMAIL \_\_\_\_\_

MARITAL STATUS:  MARRIED  DIVORCED  SEPARATED  SINGLE  WIDOW/WIDOWER

CHILD LIVES WITH:  BOTH PARENTS  MOTHER ONLY  FATHER ONLY  OTHER \_\_\_\_\_

PREVIOUS CAMP (*new campers only*): \_\_\_\_\_

HOW DID YOU HEAR ABOUT US:  WEB  SOCIAL MEDIA  HULAFROG  DIRECT MAIL  NEWSPAPER  BIRTHDAY  
 NJ.COM  RADIO  FRIEND  GOODSPTS  RETURNING CAMPER  DRIVE BY  OTHER \_\_\_\_\_

EMERGENCY CONTACT/AUTHORIZED PICK UP#1 \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_ CELL # \_\_\_\_\_

EMERGENCY CONTACT/AUTHORIZED PICK UP#2 \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_ CELL # \_\_\_\_\_

I authorize the above people to pick up my child from Allaire Country Day. All others MUST present a written request from me for my child to be discharged into their hands, and such in writing absolves Allaire Country Day from responsibility after the child leaves the camp. All written requests will remain on file at the camp. Allaire Country Day has the right to verify identification by asking for proof of ID, such as a driver's license.

Parent Signature: \_\_\_\_\_

**MEDICAL INFORMATION:**

State any medical problems: (if none, check here  ) \_\_\_\_\_

Any allergies to medicine, food, insects, etc: (if none, check here  ) \_\_\_\_\_

List any and all medications your child is taking: (if none, check here  ) \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone # \_\_\_\_\_

Any additional information you feel is necessary:  
\_\_\_\_\_  
\_\_\_\_\_



# ALLAIRE COUNTRY DAY SUMMER CAMP POLICY AGREEMENT

**BILLING POLICIES:** Parent Initial: \_\_\_\_\_

- NO REFUNDS
- \$40 returned check fee.
- Required deposit and registration fees are due at time of registration
- All tuition is billed 2 weeks in advance.
- Before and After Care is billed based on actual useage.
- All payments are due upon receipt.
- Any balance over 7 days will be considered late and subject to a \$25 late fee
- Past due balances will be charged to the credit card on file.
- All credit card fees and legal expenses incurred by Allaire Country Day as a result of non-payment will be the responsibility of the camp family.

**SCHEDULE CHANGE POLICIES:** Parent Initial: \_\_\_\_\_

- Schedules must be submitted by May 1st.
- You are contracted to the number of days you originally sign up for when you submit your schedule.
- **Camp days cannot be removed under any circumstance.**
- Camp days can only be switched if you submit request 2 weeks in advance.
- Each family is allowed 2 schedule switches. Additional switches are subject to a \$15.00 change of schedule fee.
- Any days added to your child's camp schedule are subject to your originally selected package pricing.
- I understand the tuition is due and no changes or substitution can be made due to illness, family vacation, weather related issues or external circumstances beyond our control, or holidays.
- There are no refunds or makeups for any camp days for any reason.
- Camp makeups and/or credit considerations for absences due to long term illness (3 or more consecutive days missed) must be accompanied by a doctor's note indicating the camper cannot participate due to the current medical condition and is subject to approval by Allaire Country Day Management.

**SUMMER CAMP WAIVER POLICY:** Parent Initial: \_\_\_\_\_

In consideration for being allowed to participate in any way in ALLAIRE COUNTRY DAY SUMMER CAMP athletic/sports programs, and related events, I the undersigned voluntarily agree to assume full and complete responsibility for any injury or accident which may occur to the above named child during or in connection with ALLAIRE COUNTRY DAY SUMMER CAMP, GoodSports USA, Inc. or it's staff while they/I am on the premises of ALLAIRE COUNTRY DAY SUMMER CAMP. I acknowledge that at ALLAIRE COUNTRY DAY SUMMER CAMP, I/they will participate in activities that may involve, among other things, physical contact with persons or objects, including the ground, and may incur a risk of injury. I specifically waive, give up and release ALLAIRE COUNTRY DAY SUMMER CAMP and its staff, from all liability for any claim for damages which I/the above named child may have relating to injuries or illness that I/they may sustain. In signing this waiver, I certify that I/the above child are in good health, with no chronic illness or abnormal tendencies. In the event of an emergency in which I/the above child requires medical care, I authorize ALLAIRE COUNTRY DAY SUMMER CAMP to act for me and obtain whatever medical, surgical or dental examination, diagnosis and/or treatment is deemed necessary. ALLAIRE COUNTRY DAY SUMMER CAMP is not responsible for my personal belongings which are lost, stolen, or damaged. I further understand that I should be aware of my/the above named child's physical limitations and agree not to exceed them. I agree to review the rules and inspect the facilities and if I believe it is unsafe I will advise his or her counselor and refuse to participate.

**I have read and acknowledge all of the Allaire Country Day policies and the Registration-Understanding/Waiver listed above.**

**Camper(s) Name:** \_\_\_\_\_ **Parent Name (PLEASE PRINT) :** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_

Please list all children that will be attending camp: \_\_\_\_\_

**BEFORE / AFTER CARE POLICY:** Parent Initial: \_\_\_\_\_

- Camp starts at 9:00am and ends at 4:00pm
- If your child is dropped off before 9am or picked up after 4pm, your account will be automatically billed for the Before/After care rates based on actual attendance.
- Before/After care billing is billed by the half hour and you will be charged a minimum of 30 minutes. If your child is here after the 1st half hour, you will be billed for the 2nd.
- If your child(ren) is not picked up by 6pm you will be charged a \$10 fee per child, per half hour.

**EMERGENCY TREATMENT POLICIES:** Parent Initial: \_\_\_\_\_

- I authorize Allaire Country Day Staff to obtain emergency treatment for my child in case of an emergency, illness, or accident.
- I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.
- The Following steps will be followed in an emergency:
  - Parent/Guardian will be contacted immediately
  - Child's Physician will be contacted
- We will attempt to contact you through all emergency person's listed on the child's application form
- If we cannot contact you or your child's physician we will do any of the following:
  - Call for emergency first aid
  - Call another physician
  - Have the child transported to an emergency hospital in the company of a staff member

**EXPULSION POLICY:** Parent Initial: \_\_\_\_\_

- Unfortunately, there are sometimes reasons we have to expel a child from our program either on short term or a permanent basis. We want you to know we will do everything possible to work with the family in order to prevent this policy from being enforced.
- Parental Actions for Child's Expulsion:
    - Failure to pay and/or habitual lateness in payments
    - Failure to adhere to camp billing policies
    - Failure to complete required forms including immunization records
    - Physical and/or verbal abuse to staff
  - Child's Actions for Expulsion
    - The camp reserves the right to dismiss any camper who's condition, conduct, influence, or behavior is deemed unsatisfactory or detrimental to the best interest of the camp, staff, or fellow campers
  - Allaire Country Day reserves the right to expel a child at any point.
  - No refunds will be issued.

**MISCELLANEOUS POLICIES:** Parent Initial: \_\_\_\_\_

- Lunches ordered through Red Wagon Meals must be submitted every Friday for the upcoming week.
- Lunches ordered through ACDC Snack Bar must be submitted every Wednesday for the upcoming week.
- Lunches cannot be credited/refunded for missed days/trips.
- Permissions is hereby given for Allaire Country Day to use digital, photographic, video and audio images and likenesses of camper in promoting camp and other ventures directly related to camp.
- Electronics are prohibited.
- Allaire Country Day is not responsible for lost, stolen or damaged items.



# BILLING SCHEDULE

Below is a breakdown of our billing schedule for the summer. Please keep in mind that your billing depends on your child's schedule and deposits get applied to the first billing. All billing will go out on Friday's except for the last bill and payments will be due within the 7 days after. ACDC Snack Bar lunches are billed on your account. Red Wagon Meals are billed separately.

\*If parent/guardians are splitting the billing, each must submit this completed form with a valid credit card number.

## INVOICES WILL GO OUT:

**JUNE 8<sup>TH</sup>:** Camp Days for Week 1 (6/18-6/22) and Week 2 (6/25-6/29)  
**Payment Due upon receipt and no later than Monday, June 18<sup>th</sup>**

**JUNE 22<sup>ND</sup>:** Camp Days for Week 3 (7/2-7/6) and Week 4 (7/9-7/13)  
Lunches for 6/18-6/22  
**Payment Due upon receipt and no later than Monday, July 2<sup>nd</sup>**

**JULY 6<sup>TH</sup>:** Camp Days Week 5 (7/16-7/20) and Week 6 (7/23-7/27)  
Before/After Care 6/18-6/29 and Lunches for 6/25-7/6  
**Payment Due upon receipt and no later than Monday, July 16<sup>th</sup>**

**JULY 20<sup>TH</sup>:** Camp Days Week 7 (7/30-8/3) and Week 8 (8/6-8/10)  
Before/After Care for 7/2-7/13 and Lunches for 7/9-7/20  
**Payment Due upon receipt and no later than Monday, July 30<sup>th</sup>**

**AUGUST 3<sup>RD</sup>:** Camp Days Week 9 (8/13-8/17) and Week 10 (8/20-8/24)  
Before/After Care for 7/16-7/27 and Lunches for 7/23-8/3  
**Payment Due upon receipt and no later than Monday, August 13<sup>th</sup>**

**AUGUST 17<sup>TH</sup>:** Camp Days Week 11 (8/27-8/31)  
Before/After Care for 7/30-8/10 and Lunches for 8/6-8/17  
**Payment Due upon receipt and no later than Monday, August 27<sup>th</sup>**

**SEPTEMBER 4<sup>TH</sup>:** Before/After Care for 8/13-8/31 and Lunches for 8/20-8/31  
**Payment Due upon receipt and no later than Friday, September 14<sup>th</sup>**

### **CREDIT CARD MUST BE KEPT ON FILE**

CARD TYPE:  VISA  MC  DISCOVER  AMEX

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

PLEASE CHARGE MY CREDIT CARD FOR EACH BILLING CYCLE VIA ELECTRONIC FUNDS TRANSFER.

CREDIT CARDS WILL BE CHARGED EACH WEEK FOLLOWING THE FRIDAY BILLING.

**I acknowledge the above payment plan. I understand that any unpaid balances are subject to a \$25.00 late fee.**

**I understand that any past due balance and incurred fee will be charged to the credit card on file.**

Camper's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



# HEALTH RELEASE FORM

This form **MUST** be completed by a licensed physician and returned with the registration form.

CHILD'S NAME \_\_\_\_\_ GRADE IN SEPT. 2018 \_\_\_\_\_

### Immunization History

<i>Vaccines</i>	<i>DATES</i>					
DTP						
Haemophilus Influenza b (HIB)						
Polio						
Measles/Mumps/Rubella (MMR)						
Hepatitis B						
Tuberculin Test Given						
Pneumococcal Conjugate (PCV)						
Varicella						
Other: _____						

### Physician's Health Care Recommendations

The last date I examined the above applicant was _____		(Date Examined)
The above's condition <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT		preclude his/her participation in a summer camp/after school care program.
Height _____	Weight _____	Blood Pressure _____
The applicant is under the care of a physician for the following condition(s):		
Current treatment (include current medications):		
Explanation of any reported loss of consciousness, convulsion, or concussion:		
Does Applicant have epilepsy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does Applicant have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Recommendations & Restrictions While at Summer Camp

Any treatment to be continued at site?
Any allergies (food, drugs, plants, insects, etc.)?
Any medication to be administered at site (specific dosages)?
Additional health information

### PHYSICIAN'S SIGNATURE

Licensed Physician's Signature	
Address:	Phone #
Date Form is Completed:	If Form Completed by Nurse, please initial:



# FIELD TRIPS

PRE-K thru 9th Grade Registration (Min. 4 years old)

CAMPER'S NAME \_\_\_\_\_ GRADE IN SEPT. 2018 \_\_\_\_\_

EVENT	LOCATION	DAY	DATE	GRADES	WAIVER	NOTES	FEE	TOTAL
CLOSE ENCOUNTERS W/THE COAST	SANDY HOOK	MONDAY	6/25	1ST-9TH		SEE DESCRIPTION	\$25	\$
FIREBALL MOUNTAIN	WRIGHTSTOWN	MONDAY	6/25	4TH-9TH	X	SNEAKERS REQUIRED	\$45	\$
JENKINSON'S AQUARIUM	POINT PLEASANT	TUESDAY	6/26	PK-9TH			\$30	\$
YOUNG CHEF'S ACADEMY	MORGANVILLE	WEDNESDAY	6/27	K-9TH			\$35	\$
JERSEY SHORE ARENA	WALL	THURSDAY	6/28	1ST-9TH		SEE DESCRIPTION	\$40	\$
BOWLING	SEA GIRT	MONDAY	7/2	PK-9TH		SNEAKERS REQUIRED	\$20	\$
PLANETARIUM	TOMS RIVER	TUESDAY	7/3	PK-3RD			\$25	\$
BREAKWATER BEACH	SEASIDE	MONDAY	7/9	1ST-9TH			\$45	\$
MEDIEVAL TIMES	LYNDHURST	TUESDAY	7/10	4TH-9TH			\$55	\$
SKYZONE	OCEAN	WEDNESDAY	7/11	1ST-9TH	X		\$35	\$
GRAVITY VAULT	MIDDLETOWN	THURSDAY	7/12	1ST-9TH	X	SNEAKERS REQUIRED	\$40	\$
GET AIR	FREEHOLD	MONDAY	7/16	1ST-9TH	X	SOCKS REQUIRED	\$35	\$
TURTLE BACK ZOO	WEST ORANGE	TUESDAY	7/17	1ST-9TH			\$30	\$
ADVENTURE AQUARIUM	CAMDEN	WEDNESDAY	7/18	1ST-9TH			\$40	\$
DISCOVERY MUSEUM	CHERRY HILL	THURSDAY	7/19	K-3RD			\$35	\$
FUNPLEX	MOUNT LAUREL	MONDAY	7/23	1ST-9TH		SEE DESCRIPTION	\$45	\$
PIRATES ON THE MANASQUAN	BRICK	TUESDAY	7/24	PK-3RD			\$35	\$
TEEN CRUISE & BEACH PARTY	BRICK	TUESDAY	7/24	6TH-9TH			\$45	\$
BLUECLAWS	LAKEWOOD	WEDNESDAY	7/25	1ST-9TH			\$25	\$
PINK ELEPHANT POTTERY	ASBURY PARK	THURSDAY	7/26	K-9TH			\$30	\$
JERSEY SHORE ARENA	WALL	MONDAY	7/30	1ST-9TH		SEE DESCRIPTION	\$40	\$
YESTERCADES	RED BANK	TUESDAY	7/31	4TH-9TH			\$30	\$
DIGGERLAND	WEST BERLIN	WEDNESDAY	8/1	1ST-9TH		MINIMUM HEIGHT 36"	\$45	\$
MOVIE THEATRE	T.B.D.	THURSDAY	8/2	1ST-9TH			\$35	\$
TOP GOLF	EDISON	MONDAY	8/6	4TH-9TH		SNEAKERS REQUIRED	\$45	\$
AMAZING ESCAPE ROOM	FREEHOLD	TUESDAY	8/7	4TH-9TH			\$40	\$
PUMP IT UP	FREEHOLD	WEDNESDAY	8/8	K-9TH	X	SOCKS REQUIRED	\$30	\$
YOUNG CHEF'S ACADEMY	MORGANVILLE	THURSDAY	8/9	K-9TH			\$35	\$
MONSTER MINI GOLF	EATONTOWN	MONDAY	8/13	PK-9TH		SNEAKERS REQUIRED	\$25	\$
SKYZONE	OCEAN	TUESDAY	8/14	1ST-9TH	X		\$35	\$
SAHARA SAM'S OASIS	WEST BERLIN	WEDNESDAY	8/15	1ST-9TH			\$50	\$
SUMO HIBACHI	WALL	THURSDAY	8/16	1ST-9TH			\$25	\$
GRAVITY VAULT	MIDDLETOWN	MONDAY	8/20	1ST-9TH	X	SNEAKERS REQUIRED	\$40	\$
SAND CASTLE CONTEST	BELMAR	TUESDAY	8/21	PK-9TH			\$20	\$
GET AIR	FREEHOLD	WEDNESDAY	8/22	1ST-9TH	X	SOCKS REQUIRED	\$35	\$
BOWLING	SEA GIRT	THURSDAY	8/23	PK-9TH		SNEAKERS REQUIRED	\$20	\$

\* Description of all events are provided in our information packet.

FIELD TRIP TOTAL \$ \_\_\_\_\_





# FIELD TRIPS

PRE-K thru 9th Grade Registration (Min. 4 years old)

CAMPER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE IN SEPT. 2018 \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (EMERGENCY CONTACT) \_\_\_\_\_

- All field trips fees are in addition to existing regular camp fees
- Trip days/times subject to change
- Payment is due in full at time of registration.
- In order to participate in any field trip the camper(s) must be registered for camp on the date of the trip above and paid in full.
- Field trip fees listed are per camper/per trip. These are NOT included in regular camp fees.
- Field trip fees are non-refundable. No credits will be given for missed field trips.

**PERMISSION/WAIVER** I hereby give permission for the above-named child to participate in A.C.D. field trips. By signing below I hereby release and agree to hold harmless GoodSports USA and it's staff to the fullest extent allowed by law from any and all claims for personal or bodily injury and property damage occurring or resulting from the above named child's participation. I give permission for the above named child to ride on the bus/van to any event that is off-site from the GoodSports USA campus. I hereby authorize the GoodSports USA and Allaire Country Day staff to obtain any needed medical assistance for my child in case of an emergency, illness, or accident. I understand that any resulting expenses or charges are my responsibility and I will pay them immediately, either directly or through personal insurance.



\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**LIMITED SPOTS AVAILABLE!!**

2903 Highway 138 • Wall, NJ 07719 • 732-681-4651

**[www.allairecountryday.com](http://www.allairecountryday.com)**



# WEEKLY ELECTIVE CLASSES

CAMPER'S FULL NAME (Please PRINT clearly) \_\_\_\_\_ GRADE IN SEPT. 2018 \_\_\_\_\_

After a successful year of introducing Weekly Elective Classes in Summer 2017, we are offering even MORE weekly elective classes on site here at Allaire Country Day Camp. Your child can choose a class of their interest for multiple sessions of extended fun!

**Please see the Weekly Elective brochure for a full list of elective class descriptions and details.**

I agree that my child MUST be signed up for the corresponding regular camp days to attend the weekly elective classes. I WILL NOT schedule my child for a Field Trip during the elective classes chosen.

\_\_\_\_\_  
(Initial)

Please place a check (✓) next to the weekly elective class/classes your child would like to attend.

ELECTIVE CLASS	GRADE	WEEK DAY	DATES	FEE*	CHECK HERE
Make Your First Video Game	3rd-9th	Mondays	7/9, 7/16, 7/23, 7/30, 8/6, 8/13	\$150	
Girl Power Yoga	6th-9th	Mondays	7/9, 7/16, 7/23, 7/30, 8/6, 8/13	\$100	
Elementary Art Enrichment	1st-5th	Monday	7/9, 7/16, 7/23, 7/30, 8/6, 8/13	\$90	
Robotic Fun	1st-6th	Tuesdays	7/10, 7/17, 7/24, 7/31, 8/7, 8/14	\$120	
Chemical Wizardry	1st-6th	Tuesdays	7/10, 7/17, 7/24, 7/31, 8/7, 8/14	\$120	
Advanced Art Enrichment	6th-9th	Tuesdays	7/10, 7/17, 7/24, 7/31, 8/7, 8/14	\$90	
Yoga Around The World	1st-5th	Wednesdays	7/11, 7/18, 7/25, 8/1, 8/8, 8/15	\$100	
App Attack	3rd-9th	Wednesdays	7/11, 7/18, 7/25, 8/1, 8/8, 8/15	\$150	
Dessert Decorators	1st-5th	Thursdays	7/12, 7/19, 7/26, 8/2, 8/9, 8/16	\$120	
Minecraft Designers	3rd-9th	Thursdays	7/12, 7/19, 7/26, 8/2, 8/9, 8/16	\$150	
Code Breakers	3rd-9th	Fridays	7/13, 7/20, 7/27, 8/3, 8/10, 8/17	\$150	
Mermaid 101	1st-5th	Week 10	8/20, 8/21, 8/22, 8/23 (Rain Date 8/24)	\$120	

**TOTAL \$** \_\_\_\_\_

\*All classes must be paid for at time of registration.

\*\*Fees are in addition to daily camp tuition.

Classes will not be pro-rated for missed days. There are no makeups for missed classes.

**SPACE IS LIMITED FOR EACH CLASS!**

Registrations are first come, first serve!