

CAMPER'S NAME: _____

GRADE IN FALL 2019: _____

2019 Summer Camp

REGISTRATION

PACKET

COMPLETE ALL PAGES
- LIMITED ENROLLMENT -

****EARLY BIRD RATES - REGISTER BY MARCH 23RD****



AT GOODSPORTS USA

2903 HWY 138, WALL, NJ 07719 • TEL: 732-681-4651 • FAX: 732-749-3620

INFO@ALLAIRECOUNTRYDAY.COM • WWW.ALLAIRECOUNTRYDAY.COM

CAMP FEES, SPECIALS & BILLING POLICIES

ALLAIRE COUNTRY DAY SUMMER CAMP 2019

⇒ **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	EARLY BIRD CAMP RATES	CAMP RATES AFTER MARCH 23 RD
GOLD	35-54 Days	\$56 PER DAY	\$65 PER DAY
SILVER	20-34 Days	\$65 PER DAY	\$71 PER DAY
BRONZE	10-19 Days	\$72 PER DAY	\$78 PER DAY

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

PACKAGE	NO. OF DAYS	EARLY BIRD CAMP RATES	CAMP RATES AFTER MARCH 23 RD
GOLD	35-54 Days	\$44 PER DAY	\$48 PER DAY
SILVER	20-34 Days	\$48 PER DAY	\$53 PER DAY
BRONZE	10-19 Days	\$54 PER DAY	\$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

OPEN HOUSE: SATURDAY, MARCH 23RD - 11AM to 2PM

*** REGISTRATION ON OR BEFORE 3/23:**

Receive "early bird" camp rates & \$100 coupon towards Goodsports programs or birthday party.

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 15TH 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, registration fees or elective class 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. 2019

2019 SUMMER CAMP SCHEDULE

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

SELECT A PACKAGE	TODDLER - 9TH GRADE CAMPERS	TODDLER/PRE-K - 1/2 DAY CAMPERS
	<input type="checkbox"/> GOLD 35-54 Days	<input type="checkbox"/> GOLD 35-54 Days <i>Half Day Hours</i>
	<input type="checkbox"/> SILVER 20-34 Days	<input type="checkbox"/> SILVER 20-34 Days <i>9:00am-1:00pm</i>
	<input type="checkbox"/> BRONZE 10-19 Days	<input type="checkbox"/> BRONZE 10-19 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 17-21	BC AC	BC AC	BC AC	BC AC	BC AC	\$
2	June 24-28	BC AC	BC AC	BC AC	BC AC	BC AC	\$
3	July 1-5	BC AC	BC AC	BC AC	CLOSED JULY 4TH BC AC	BC AC	\$
4	July 8-12	BC AC	BC AC	BC AC	BC AC	BC AC	\$
5	July 15-19	BC AC	BC AC	BC AC	BC AC	BC AC	\$
6	July 22-26	BC AC	BC AC	BC AC	BC AC	BC AC	\$
7	July 29-Aug 2	BC AC	BC AC	BC AC	BC AC	BC AC	\$
8	August 5-9	BC AC	BC AC	BC AC	BC AC	BC AC	\$
9	August 12-16	BC AC	BC AC	BC AC	BC AC	BC AC	\$
10	August 19-23	BC AC	BC AC	BC AC	BC AC	BC AC	\$
11	August 26-30	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	\$
TOTAL	\$



REGISTRATION FORM

CAMPER'S NAME _____ M / F DOB: _____ GRADE IN SEPT. 2019 _____

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

T-SHIRT SIZE: YXS YS YM YL AS AM AL AXL SCHOOL ATTENDED '18/'19 _____

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 _____

If parents are divorced/separated and have different billing responsibilities, please ask office for additional billing contract.

PREVIOUS CAMP (new campers only): _____

HOW DID YOU HEAR ABOUT US: FRIEND WEB SOCIAL MEDIA DIRECT MAIL NEWSPAPER BIRTHDAY
 GOOGLE RADIO GOODSPTS RETURNING CAMPER DRIVE BY/SIGNAGE 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.
- If you are splitting billing with another parent/guardian ACD must have signed contracts with that person otherwise, you are responsible for all fees.

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.

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: _____

- Lunch orders 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.

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: _____



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. Lunches are billed on your account. *If parent/guardians are splitting the billing, each must submit this completed form with a valid credit card number.

INVOICES WILL GO OUT:

- JUNE 7TH:** Camp Days for Week 1 (6/17-6/21) and Week 2 (6/24-6/28)
Payment Due upon receipt and no later than Monday, June 17th
- JUNE 21ST:** Camp Days for Week 3 (7/1-7/5) and Week 4 (7/8-7/12)
Lunches for 6/17-6/21
Payment Due upon receipt and no later than Monday, July 1st
- JULY 5TH:** Camp Days Week 5 (7/15-7/19) and Week 6 (7/22-7/26)
Before/After Care 6/17-6/28 and Lunches for 6/24-7/5
Payment Due upon receipt and no later than Monday, July 15th
- JULY 19TH:** Camp Days Week 7 (7/29-8/2) and Week 8 (8/5-8/9)
Before/After Care for 7/1-7/12 and Lunches for 7/8-7/19
Payment Due upon receipt and no later than Monday, July 29th
- AUGUST 2ND:** Camp Days Week 9 (8/12-8/16) and Week 10 (8/19-8/23)
Before/After Care for 7/15-7/26 and Lunches for 7/22-8/2
Payment Due upon receipt and no later than Monday, August 12th
- AUGUST 16TH:** Camp Days Week 11 (8/26-8/30)
Before/After Care for 7/29-8/9 and Lunches for 8/5-8/16
Payment Due upon receipt and no later than Monday, August 26th
- SEPTEMBER 3RD:** Before/After Care for 8/12-8/30 and Lunches for 8/19-8/30
Payment Due upon receipt and no later than Friday, September 13th

*If you are splitting billing with another parent/guardian, Allaire Country Day must have a signed contract with the other responsible party otherwise, you will be responsible for all fees. Please ask for an additional billing contract.

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: _____



ALLAIRE COUNTRY DAY SUMMER CAMP HEALTH RELEASE FORM

This form **MUST** be completed by a licensed physician and returned by June 15th.

APPENDIX H

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

UNIVERSAL CHILD HEALTH RECORD

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name (Last) (First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Child's Health Insurance Carrier		
Parent/Guardian Name	Home Telephone Number () -	Work Telephone/Cell Phone Number () -	
Parent/Guardian Name	Home Telephone Number () -	Work Telephone/Cell Phone Number () -	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.			
Signature/Date		This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Abnormalities Noted:	Weight (must be taken within 30 days for WIC)
	Height (must be taken within 30 days for WIC)
	Head Circumference (if <2 Years)
	Blood Pressure (if ≥3 Years)

IMMUNIZATIONS

Immunization Record Attached
 Date Next Immunization Due: _____

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	



FIELD TRIPS

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

CAMPER'S NAME _____ GRADE IN SEPT. 2019 _____

EVENT	LOCATION	DAY	DATE	GRADES	WAIVER	NOTES	FEE	TOTAL
BOWLING	SEA GIRT	MONDAY	6/24	PK-9TH		SNEAKERS REQ.	\$20.00	\$
JENKINSON'S AQUARIUM	POINT PLEASANT	WEDNESDAY	6/26	PK-9TH			\$30.00	\$
AMAZING ESCAPE ROOM	FREEHOLD	MONDAY	7/1	4TH-9TH			\$40.00	\$
BREAKWATER BEACH	SEASIDE	MONDAY	7/8	1ST-9TH			\$45.00	\$
MEDIEVAL TIMES	LYNDHURST	TUESDAY	7/9	3RD-9TH			\$55.00	\$
SKYZONE	OCEAN	WEDNESDAY	7/10	1ST-9TH	X	SNEAKERS REQ.	\$35.00	\$
GRAVITY VAULT	MIDDLETOWN	THURSDAY	7/11	1ST-9TH	X	SNEAKERS REQ.	\$40.00	\$
GET AIR	FREEHOLD	MONDAY	7/15	1ST-9TH	X	SOCKS REQ.	\$35.00	\$
SUMO HIBACHI	WALL	TUESDAY	7/16	1ST-9TH			\$25.00	\$
PIRATES ON THE MANASQUAN	BRICK	WEDNESDAY	7/17	K-3RD			\$35.00	\$
FUNPLEX	MOUNT LAUREL	THURSDAY	7/18	1ST-9TH		SEE DESCRIPTION	\$45.00	\$
FIREBALL MOUNTAIN	WRIGHTSTOWN	MONDAY	7/22	4TH-9TH	X	SNEAKERS REQ.	\$45.00	\$
DISCOVERY MUSEUM	CHERRY HILL	TUESDAY	7/23	K-3RD			\$35.00	\$
JERSEY SHORE ARENA	WALL	WEDNESDAY	7/24	1ST-9TH		SEE DESCRIPTION	\$40.00	\$
YOUNG CHEF'S ACADEMY	MORGANVILLE	THURSDAY	7/25	1ST-9TH			\$35.00	\$
BLUECLAWS	LAKESWOOD	MONDAY	7/29	1ST-9TH			\$25.00	\$
YESTERCADES	RED BANK	TUESDAY	7/30	4TH-9TH			\$30.00	\$
DIGGERLAND	WEST BERLIN	WEDNESDAY	7/31	1ST-9TH		MIN. HEIGHT 36"	\$45.00	\$
MOVIE THEATRE	T.B.D.	THURSDAY	8/1	1ST-9TH			\$35.00	\$
OCEAN ICE PALACE	BRICK	MONDAY	8/5	4TH-9TH		SEE DESCRIPTION	\$40.00	\$
SKYZONE	OCEAN	TUESDAY	8/6	1ST-9TH	X	SNEAKERS REQ.	\$35.00	\$
TOP GOLF	EDISON	WEDNESDAY	8/7	4TH-9TH		SNEAKERS REQ.	\$45.00	\$
MONSTER MINI GOLF	EATONTOWN	THURSDAY	8/8	PK-9TH		SNEAKERS REQ.	\$30.00	\$
NINJA WARRIOR BASECAMP	TOMS RIVER	MONDAY	8/12	1ST-9TH		SNEAKERS REQ.	\$45.00	\$
BREAKWATER BEACH	SEASIDE	TUESDAY	8/13	1ST-9TH			\$45.00	\$
ADVENTURE LOOKOUT ROPES COURSE	POINT PLEASANT	WEDNESDAY	8/14	4TH-9TH		SNEAKERS REQ.	\$40.00	\$
SAND CASTLE CONTEST	BELMAR	THURSDAY	8/15	PK-9TH			\$20.00	\$
GRAVITY VAULT	MIDDLETOWN	MONDAY	8/19	1ST-9TH	X	SNEAKERS REQ.	\$40.00	\$
AMAZING ESCAPE ROOM	FREEHOLD	TUESDAY	8/20	4TH-9TH			\$40.00	\$
GET AIR	FREEHOLD	WEDNESDAY	8/21	1ST-9TH	X	SOCKS REQ.	\$35.00	\$
BOWLING	SEA GIRT	THURSDAY	8/22	PK-9TH		SNEAKERS REQ.	\$20.00	\$

* 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. 2019 _____

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



WEEKLY ELECTIVE CLASSES

CAMPER'S FULL NAME (Please PRINT clearly) _____ GRADE IN SEPT. 2019 _____

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	DAY	DATES	FEE*	CHECK HERE
Make Your 1st 3D Video Game	3rd-9th	Mon.	7/8, 7/15, 7/22, 7/29, 8/5, 8/12	\$150	
Make Your First Fortnite® Style Video Game	3rd-9th	Wed.	7/10, 7/17, 7/24, 7/31, 8/7, 8/14	\$150	
Minecraft® Modders	3rd-9th	Thurs.	7/11, 7/18, 7/25, 8/1, 8/8, 8/15	\$150	
Virtual Reality: The Future is Now	3rd-9th	Fri.	7/12, 7/19, 7/26, 8/2, 8/9, 8/16	\$160	
Jewelry Making 101: Session 1	K-9th	Mon.	7/8, 7/15, 7/22	\$50	
Jewelry Making 101: Session 2	K-9th	Mon.	7/29, 8/5, 8/12	\$50	
Reuse, Reprocess, and Recover Art!	K-9th	Tues.	7/9, 7/16, 7/23, 7/30, 8/6, 8/13	\$75	
Beginner Beats: DJ Academy	4th-9th	Wed.	7/10, 7/17, 7/24, 7/31, 8/7, 8/14	\$125	
Mad Science	1st-6th	Tues.	7/9, 7/16, 7/23, 7/30, 8/6, 8/13	\$120	
Dessert Decorators	1st-5th	Thurs	7/11, 7/18, 7/25, 8/1, 8/8, 8/15	\$120	
Mermaid 101	1st-5th	Week 10	8/19, 8/20, 8/21, 8/22 (Rain Date 8/23)	\$120	

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

TOTAL \$ _____

**Fees are in addition to daily camp tuition.

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

Looking to get your child summer tutoring?
Email us at info@allairecountryday.com to set up private tutoring
with a certified teacher before, during, or after camp!

SPACE IS LIMITED FOR EACH CLASS! Registrations are first come, first serve!