



Summer 2020 Enrollment Form

| | Camper 1 | Camper 2 | Camper 3 |
|---|---|---|---|
| First Name | | | |
| Last Name | | | |
| Gender | Male Female | Male Female | Male Female |
| Date of Birth | | | |
| Grade as of Sept. '20 | | | |
| School as of Sept.'20 | | | |
| Camp Attended in 2019 | | | |
| T-Shirt Size (circle one) | Youth: XS S M L Adult: S M L XL | Youth: XS S M L Adult: S M L XL | Youth: XS S M L Adult: S M L XL |
| Food Allergies | | | |
| Non Food Allergies | | | |
| Dietary Needs | <input type="checkbox"/> Kosher <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other: | <input type="checkbox"/> Kosher <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other: | <input type="checkbox"/> Kosher <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other: |
| Program (see below for appropriate age groups) | <input type="checkbox"/> Parent/Child (M/W) <input type="checkbox"/> Parent/Child (T/Th) <input type="checkbox"/> Mini Day 3-Day(M/W/F) <input type="checkbox"/> Mini Day 5-Day <input type="checkbox"/> Full Day <input type="checkbox"/> Teen <input type="checkbox"/> CIT | <input type="checkbox"/> Parent/Child (M/W) <input type="checkbox"/> Parent/Child (T/Th) <input type="checkbox"/> Mini Day 3-Day(M/W/F) <input type="checkbox"/> Mini Day 5-Day <input type="checkbox"/> Full Day <input type="checkbox"/> Teen <input type="checkbox"/> CIT | <input type="checkbox"/> Parent/Child (M/W) <input type="checkbox"/> Parent/Child (T/Th) <input type="checkbox"/> Mini Day 3-Day(M/W/F) <input type="checkbox"/> Mini Day 5-Day <input type="checkbox"/> Full Day <input type="checkbox"/> Teen <input type="checkbox"/> CIT |
| Weeks Attending (choose the individual weeks your camper will be attending) (NO CAMP FRI 7/3) | <input type="checkbox"/> All 8 weeks (Mon 6/29 – Fri 8/21) <input type="checkbox"/> Week 1 (Mon 6/29 – Thur 7/2) <input type="checkbox"/> Week 2 (Mon 7/6 – Fri 7/10) <input type="checkbox"/> Week 3 (Mon 7/13 – Fri 7/17) <input type="checkbox"/> Week 4 (Mon 7/20 – Fri 7/24) <input type="checkbox"/> Week 5 (Mon 7/27 – Fri 7/31) <input type="checkbox"/> Week 6 (Mon 8/3 – Fri 8/7) <input type="checkbox"/> Week 7 (Mon 8/10 – Fri 8/14) <input type="checkbox"/> Week 8 (Mon 8/17 – Fri 8/21) | <input type="checkbox"/> All 8 weeks (Mon 6/29 – Fri 8/21) <input type="checkbox"/> Week 1 (Mon 6/29 – Thur 7/2) <input type="checkbox"/> Week 2 (Mon 7/6 – Fri 7/10) <input type="checkbox"/> Week 3 (Mon 7/13 – Fri 7/17) <input type="checkbox"/> Week 4 (Mon 7/20 – Fri 7/24) <input type="checkbox"/> Week 5 (Mon 7/27 – Fri 7/31) <input type="checkbox"/> Week 6 (Mon 8/3 – Fri 8/7) <input type="checkbox"/> Week 7 (Mon 8/10 – Fri 8/14) <input type="checkbox"/> Week 8 (Mon 8/17 – Fri 8/21) | <input type="checkbox"/> All 8 weeks (Mon 6/29 – Fri 8/21) <input type="checkbox"/> Week 1 (Mon 6/29 – Thur 7/2) <input type="checkbox"/> Week 2 (Mon 7/6 – Fri 7/10) <input type="checkbox"/> Week 3 (Mon 7/13 – Fri 7/17) <input type="checkbox"/> Week 4 (Mon 7/20 – Fri 7/24) <input type="checkbox"/> Week 5 (Mon 7/27 – Fri 7/31) <input type="checkbox"/> Week 6 (Mon 8/3 – Fri 8/7) <input type="checkbox"/> Week 7 (Mon 8/10 – Fri 8/14) <input type="checkbox"/> Week 8 (Mon 8/17 – Fri 8/21) |
| CITs, please note that a minimum of 4 weeks is required to be considered for a staff position in 2021. | | | |
| Transportation Needed | Yes No | Yes No | Yes No |

| Rates | Parent / Child Program | Mini-Day Program | Mini-Day Program | Full Day Program | Teen Program | CIT Program |
|---------|--|---|---|---|---|---|
| | 9:45am-12:15pm Age: 18–30 Months Mon/Wed or Tue/Thur (7/6/20 – 8/13/20) | 3 days 9:00am-1:30pm Entering Nursery Only (M/W/F) | 5 days 9:00am-1:30pm Entering Nursery & Pre-K | 5 days 9:00am-4:00pm Entering Pre-K – 7 th Grade | 5 days 9:00am-4:00pm Entering 8 th & 9 th Grade | 5 days 9:00am-4:00pm Entering 10 th & 11 th Grade |
| 8 weeks | N/A | \$ 4,265.00 | \$ 7,100.00 | \$ 8,455.00 | \$ 8,715.00 | \$ 3,800.00 |
| 7 weeks | N/A | \$ 4,040.00 | \$ 6,820.00 | \$ 8,045.00 | \$ 8,300.00 | \$ 3,645.00 |
| 6 weeks | \$ 1,129.00 | \$ 3,815.00 | \$ 6,295.00 | \$ 7,590.00 | \$ 7,750.00 | \$ 3,405.00 |
| 5 weeks | N/A | \$ 3,485.00 | \$ 5,810.00 | \$ 6,950.00 | \$ 7,210.00 | \$ 3,195.00 |
| 4 weeks | N/A | \$ 3,040.00 | \$ 5,075.00 | \$ 6,120.00 | \$ 6,380.00 | \$ 2,875.00 |
| 3 weeks | N/A | \$ 2,290.00 | \$ 3,810.00 | \$ 4,685.00 | \$ 4,945.00 | \$ 2,325.00 |
| 2 weeks | N/A | \$ 1,530.00 | \$ 2,545.00 | \$ 3,175.00 | \$ 3,435.00 | \$ 1,745.00 |

- Sibling Discount: 2nd Child 10%; 3rd Child 15%; 4th Child 20%
- Buckley Country Day School Student Discount: 5%

Please make sure to complete both sides of the enrollment form. Thank you!



Camper Information

Camper's Home Address: _____

Camper's Home Phone Number: _____

Parent/Guardian Information

| | Parent / Guardian 1 | Parent / Guardian 2 |
|--|---------------------|---------------------|
| Full Name | | |
| Home Phone | | |
| Cell Phone | | |
| Business Phone | | |
| Email Address | | |
| Home Address (if different than above) | | |

New Families Only

How did you hear about Buckley Day Camp? _____

Credit Card Payment Information

Card Number: _____

Expiration: _____

Security Code: _____

Name on Card: _____

Amount to be Charged: \$ _____

Credit Card Billing Address: _____

Terms of Agreement

- I understand that a \$500 deposit will be paid upon enrollment and my full balance is due by May 15, 2020. Balances must be paid in full (or up-to-date on payment plan) in order for your child to begin camp.
- Included in your tuition: transportation, towel service, lunch, snack, group picture, individual picture, t-shirt, trips for CITs, senior and teen camp (entering Gr. 6-11) and gratuities.
- Deposit will be refunded due to cancellation prior to April 1, 2020. After April 1, 2020, deposit is non-refundable. After May 15, 2020, full tuition is non-refundable.
- There are no refunds for absences unless for medical reasons. A pro-rated refund will be made for five or more consecutive days. Physician's note is required.
- Buckley Day Camp reserves the right to terminate a child's enrollment for any reason pertaining to the safety and welfare of all campers.
- I understand that a current Health Form and Emergency Release Form must be on file by **June 1, 2020**.
- I hereby give permission for photographs and video to be taken of my child and used for promotional uses, including but not limited to, brochures, website, advertisements and/or social media.

Please check this box if you do not want your child's photo to be used for this reason .

- The Nassau County Department of Health has requested authorization for camp staff to apply sunscreen to campers in a day camp setting. Please sign below if you want our staff to assist your child in applying sunscreen throughout the day.

Please check this box if you do not want the staff to assist your child in applying sunscreen .

- It is common for parents to request the addresses and phone numbers of campers in their child's group or bus for birthday parties and other such events.

Please check this box if you do not want this information to be given out .

- In the event that a parent/guardian cannot be reached by phone, the parent/guardian gives permission to a medical professional to administer emergency treatment to child.
- In the event a camp day is cancelled due to an act of nature or any other cause beyond Buckley Day Camp's control, we regret that no refunds or make-up days will be provided.
- I give permission for my child to participate in all of Buckley Day Camp's programs, activities and special events, without exception. Furthermore, I understand that my child will participate in camp activities involving running, jumping, climbing, ball playing, swimming and other recreational sports and physical activities. I understand and acknowledge that these activities carry some risk of physical injury to my child.
- Inspection reports concerning Buckley Day Camp are filed at Nassau County Department of Health. Inquiries can be made Monday-Friday, 9am-5pm. The Nassau County Department of Health can be reached at 200 County Seat Drive, Mineola, New York 11501.

Please sign and date below. Your signature indicates that you have read and agree to the above Terms of Agreement.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____

Date _____