



# Simcha Day Camp Application 2017 Boys Entering Grades 1st – 7th

First Half: June 29<sup>th</sup> - July 26<sup>th</sup>  
Second Half: July 27<sup>th</sup> - August 23<sup>rd</sup>

For office use only  
Called \_\_\_/\_\_\_/\_\_\_  
Received \_\_\_\_\_  
Price \_\_\_\_\_  
E.B.  R  S   
Accepted Y \_\_\_ N \_\_\_  
Date Reg. \_\_\_\_\_

Camper's Info: \_\_\_\_\_  
Last Name First Name DOB July  August  Full  Check One

Mailing Address: \_\_\_\_\_

Summer Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Parents' Marital Status:  Married  Separated  Divorced  Widowed

Home: ( \_\_\_ ) \_\_\_ - \_\_\_ Mother's Cell: ( \_\_\_ ) \_\_\_ - \_\_\_ Father's Cell: ( \_\_\_ ) \_\_\_ - \_\_\_

Emergency Contact ( \_\_\_ ) \_\_\_ - \_\_\_ Name/Relationship \_\_\_\_\_

School & Present Grade \_\_\_\_\_ School & Future Grade: \_\_\_\_\_

Rebbi: \_\_\_\_\_ Phone Number: ( \_\_\_ ) \_\_\_ - \_\_\_

Teacher: \_\_\_\_\_ Phone Number: ( \_\_\_ ) \_\_\_ - \_\_\_

Has your son ever had a shadow or SEIT in the past?  Yes  No If yes, when \_\_\_\_\_

Unless specified below, your child will be placed with boys from his own 1. Class 2. Yeshiva 3. Neighborhood  
(in that order)

Please list previous camp experience: Summer 2015 \_\_\_\_\_ Summer 2016 \_\_\_\_\_

**Transportation Information:**  
Cross Streets: \_\_\_\_\_  
Nearest Major Thoroughfare: \_\_\_\_\_

T shirt size: S (6/7)  M (8-10)  L (12-14)  XL (16-18)  ADULT SMALL

### Medical Information

Family Doctor: \_\_\_\_\_ Phone Number: ( \_\_\_ ) \_\_\_ - \_\_\_

Please indicate if your child has any allergies or takes any medication here:  
\_\_\_\_\_  
\_\_\_\_\_

**This document is considered complete when there is a signature on the back.**

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## Camp Fees and Payment Policy

Campers entering 1<sup>st</sup> grade: Full summer \$1,895.00 • One Session: \$1,120

Campers entering Grades 2-7: Full summer: \$2,345.00 • One Session: \$1,345.00

Applications will only be processed when submitted with a \$500 registration fee, together with either head checks or credit card information for remaining balance to be dated by June 1<sup>st</sup>.

There is an additional \$115 major trip fee, per half, for boys 5<sup>th</sup> grade-CIT'S

All camp fees must be paid in full by June 1<sup>st</sup> 2017, or Simcha Day Camp will give your slot away.

## Refund Policy

Registration fees are **non-refundable**.

There is no reduction or refund due to absence, illness, or withdrawals.

## In the case of cancellation of SDC registration, the following procedures are in effect:

If a cancellation is made before June 1<sup>st</sup> 2017, your balance, minus the \$500 registration fee will be refunded.

After June 1<sup>st</sup>, no refunds will be made under any circumstances.

## Early Bird Special

First Grade: \$1,845 • One Session: \$1,095.00

Full summer: \$2,245.00 • One Session: \$1,295.00

Early Bird is valid when the full camp fee is paid by February 15<sup>th</sup> 2017.

## Sibling Discount:

\$100.00 discount for every additional sibling, 1<sup>st</sup> grade and up, enrolled in camp for full summer only.

## Simcha Day Camp Contract

- I have completed the enrollment form and have attached an \$500.00 registration fee per camper.
- I have attached dated checks or credit card information for the remaining camp fee balance.
- I hereby give permission to SDC to use all pictures taken during the summer for publicity purposes.
- I hereby give authority to SDC staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.
- I understand that all campers are covered by accident insurance for Day Camp only. There is a \$25.00 deductible.
- This insurance does not cover illness.
- I understand that SDC reserves the right to remove or suspend and child from camp.
- Refunds will be made accordingly.
- I understand that by signing this application and sending my child to SDC that all unclaimed items will be assumed "HEFKER" the day after camp ends, and will be disposed of at our discretion.
- Board of Health Regulations requires a current medical check-up for each camper on file in the camp office before camp starts. I understand that my child will be denied entry to camp if his medical form is not submitted to the camp office. Campers who attend Yeshiva Darchei Torah need not submit a medical form.
- The camp has the right not to accept a child at any given time, signing this form does not ensure registration. No camp fees will be deducted before acceptance is made.

## I have read, understand, and agree to all camp policies written on this enrollment form:

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

Credit Card Authorization: You may use VISA, MC, or DISCOVER, **NOT AMEX**

A \$500 deposit will be charged upon receipt of your application. Balances for the full amount will be charged on June 1<sup>st</sup> 2017, unless indicated otherwise. If you prefer to pay by check, please attach a check for the deposit and a headcheck for the balance to this application. Applications with no form of payment attached will not be processed.

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

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