



ROLLING HILLS DAY CAMP 2019 ENROLLMENT APPLICATION



Camper's Name	M / F	Birthdate	Grade in Sept 2019
Address		Town	Zip
Transportation Address (if different)			
Home Phone	School	Previous Camp	
Mother's Name		Father's Name	
Mother's Work Phone		Father's Work Phone	
Mother's Cell Phone		Father's Cell Phone	
Mother's Occupation		Father's Occupation	
Mother's Email		Father's Email	

TUITION SCHEDULE THRU AUGUST 17, 2018

All Grades are Entering Sept 2019 (Includes Door to Door Transportation)	8 Weeks July 1 - Aug 23	7 Weeks 1 2 3 4 5 6 7 8 (circle weeks)	6 Weeks 1 2 3 4 5 6 7 8 (circle weeks)	5 Weeks 1 2 3 4 5 6 7 8 (circle weeks)	4 Weeks <input type="checkbox"/> Jul 1 - Jul 26 <input type="checkbox"/> Jul 29 - Aug 23
Nursery, Pre K & K, 5 Days	<input type="checkbox"/> 5325	<input type="checkbox"/> 5175	<input type="checkbox"/> 5025	<input type="checkbox"/> 4375	<input type="checkbox"/> 3725
Nursery, Pre K & K, 4 Days	<input type="checkbox"/> 5025	<input type="checkbox"/> 4875	<input type="checkbox"/> 4725	<input type="checkbox"/> 4125	<input type="checkbox"/> 3525
Nursery, Pre K & K, 3 Days	<input type="checkbox"/> 4725	<input type="checkbox"/> 4575	<input type="checkbox"/> 4425	<input type="checkbox"/> 3875	<input type="checkbox"/> 3325
1 st – 7 th grades, 5 Days	<input type="checkbox"/> 5795	<input type="checkbox"/> 5645	<input type="checkbox"/> 5495	<input type="checkbox"/> 4775	<input type="checkbox"/> 4050
7 th grade Teens - Day trips	<input type="checkbox"/> 6325	<input type="checkbox"/> 6175	<input type="checkbox"/> 6025	<input type="checkbox"/> 5225	<input type="checkbox"/> 4400
8 th grade Teens - Day & Overnight Trips	<input type="checkbox"/> 6575	<input type="checkbox"/> 6425	<input type="checkbox"/> 6275	<input type="checkbox"/> 5450	<input type="checkbox"/> 4600
9 th – 10 th grade Teens - Day & Overnight Trips	<input type="checkbox"/> 6625	<input type="checkbox"/> 6475	<input type="checkbox"/> 6325	<input type="checkbox"/> 5475	<input type="checkbox"/> 4625

DISCOUNTS AVAILABLE

	6 - 8 week Discount	5 week Discount	4 week Discount
PAY IN FULL DISCOUNT			
If you pay in full by 8/17/18	<input type="checkbox"/> 500	<input type="checkbox"/> 375	<input type="checkbox"/> 250
TRANSPORTATION DISCOUNT			
If you use our Parent Transportation Option (PTO – Central Stop)	<input type="checkbox"/> 450	<input type="checkbox"/> 325	<input type="checkbox"/> 225
If you use either Before/After Care or Parent Drop Off/Pick Up	<input type="checkbox"/> 400	<input type="checkbox"/> 300	<input type="checkbox"/> 200
SIBLING DISCOUNT			
If you have a 2 nd child enrolled	<input type="checkbox"/> 500	<input type="checkbox"/> 375	<input type="checkbox"/> 250
If you have a 3 rd child enrolled	<input type="checkbox"/> 1000	<input type="checkbox"/> 750	<input type="checkbox"/> 500

Payment Schedule (if not taking the pay in full discount):

- A deposit of \$500 per child is required to enroll; 2nd payment of \$1500 per child is due 1/18/19; Balance is due 4/1/19.
- All payments will automatically be charged to the credit card used for deposit.

We accept Cash, Check, Visa, Mastercard, Discover & American Express.

Credit Card #:	Exp Date:
Name on Card:	Billing Zip Code

Please read and sign the back of this Enrollment Application.

Office Use Only:

GR	MYOB	CM	ED	DA
----	------	----	----	----

Mailing Address: PO Box 172, Marlboro, NJ 07746
Telephone: 732.308.0405 Fax: 732.780.4726

Camp Location: 14 Dittmar Road, Freehold, NJ 07728
www.rollinghillsdaycamp.com

info@rollinghillsdaycamp.com

ADDITIONAL INFORMATION

Tuition includes: Door to Door Transportation, Hot lunch, Towel Service, Camp Backpack and a Rolling Hills T-Shirt (lunch not included every day in Teen programs).

- Camp hours are 9am - 4pm
- There are no make up days for absences or days missed.
- After June 1, 2019 increases in number of weeks attended will be charged at the prevailing rate.
- Camp is closed Thursday, July 4, 2019
- 4 Week enrollments must be either 7/1 - 7/26 or 7/29 - 8/23 .

GROUPING

Please group my child with (list 3 children): 1st choice _____ 2nd choice _____ 3rd choice _____
Requests to group your child with another camper should be made by parents of both campers. We will do our best to honor all requests.

ACTIVITIES

My child has permission to engage in all programmed camp activities, except as noted on the camper's medical form. Rolling Hills is based on a 5 day per week, 8 week experience. I understand that signing up for other than 5 days per week for 8 weeks, my child will miss certain scheduled activities, shows, special events, and other planned programs.

TUITION REFUND POLICY & REDUCTION OF WEEKS

I understand all payments are refundable until March 1, 2019. After March 1, 2019, NO tuition will be refunded for any reduction in weeks attending and no refund for changes in transportation; either of these changes will result in a credit towards Summer 2020 After June 1st, no credits will be issued. There are NO refunds for camp closing, incidental absences, transportation delays, withdrawals or dismissal from camp. No allowance or credit will be issued for missed, cancelled or changed weeks. In the event that your child is absent from camp due to an accident or sickness (as certified by a physician), we will refund as follows: Payment shall be made after the 6th consecutive absence from camp. After the 6th consecutive absence a refund of \$50 per day will be paid to you for each day's consecutive absence immediately following thereafter.

I understand that if I have not paid my child's balance in full by the due date, my child's enrollment is subject to cancellation.

CAMP PERMISSION SLIPS

Permission is hereby granted to Rolling Hills to take my child on local trips outside camp as part of the regular camp program.

IMAGES

Permission is hereby given for Rolling Hills to use digital, photographic, video and audio images and likenesses of camper in promoting camp and other ventures directly related to camp.

EMERGENCY

In the event that you cannot be contacted in an emergency you hereby grant permission for Rolling Hills to bring your child to the emergency room.

Emergency Contact: _____ **Phone:** _____ **Relation to Camper:** _____

MEDICAL RELEASE

I hereby give permission to the Medical personnel selected by the camp director to provide routine healthcare.

DISMISSAL OF CAMPER

The camp reserves the right to dismiss any camper whose condition, conduct, influence, or behavior is deemed unsatisfactory or detrimental to the best interest of the camp, the camper or their fellow campers. In these instances, refunds will be issued at the discretion of the camp.

- I hereby enroll my child with the applicable payment and this application for the number of weeks stated herein. I will adhere to the tuition payment policy and understand the camp refund policy.
- I have read and accept all of the terms and conditions set forth on BOTH SIDES of this Enrollment Application.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

Signature Required

Mailing Address: PO Box 172, Marlboro, NJ 07746
Telephone: 732.308.0405 Fax: 732.780.4726

Camp Location: 14 Dittmar Road, Freehold, NJ 07728
info@rollinghillsdaycamp.com www.rollinghillsdaycamp.com