

ROLLING HILLS DAY CAMP 2020 ENROLLMENT APPLICATION



Camper's Name	M / F	Birthdate		Grade in Se	pt 2020	
Address		Town		Zip		
Transportation Address (if different)						
Home Phone School			Previous (Camp		
Mother's Name		Father's Name	Father's Name			
Mother's Work Phone		Father's Work	Phone			
Mother's Cell Phone		Father's Cell P	hone			
Mother's Occupation		Father's Occup	ation			
Mother's Email		Father's Email				
TUITION S	SCHEDULE 1	THRU MAY	31, 2020			
All Grades are Entering Sept 2020 (Includes Door to Door Transportation)	8 Weeks June 29 - Aug 21	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 □ Jun 29 - Jul 24 □ Jul 27 - Aug 21	
Nursery, Pre K & K, 5 Days	□ 5625	□ 5450	□ 5275	□ 4600	□ 3925	
Nursery, Pre K & K, 4 Days	□ 5325	□ 5150	□ 4975	□ 4350	□ 3700	
Nursery, Pre K & K, 3 Days	□ 5025	□ 4850	□ 4675	□ 4100	□ 3500	
1 st – 7 th grades, 5 Days	□ 6095	□ 5920	□ 5745	□ 5000	□ 4265	
7 th grade Teens - Day trips	□ 6775	□ 6600	□ 6425	□ 5600	□ 4750	
8th grade Teens - Day & Overnight Trips	□ 7025	□ 6850	□ 6675	□ 5800	□ 4925	
9th - 10th grade Teens - Day & Overnight Trips	□ 7075	□ 6900	□ 6725	□ 5850	□ 4975	
DISCOUNTS AVAILA		6 - 8 week Discount	5 week Discount	4 week Discount		
TRANSPORTATION DISCOUNT						
If you use our Parent Transportation Option (PTO – Central Stop) □ 500			□ 375	□ 250		
If you use either Before/After Care or Parent Drop Off/Pick Up ☐ 450 ☐ 325			□ 325	□ 225		
SIBLING DISCOUNT						
If you have a 2 nd child enrolled			□ 400	□ 300	□ 200	
If you have a 3 rd child enrolled			□ 800	□ 600	□ 400	
 Payment Schedule: A deposit of \$1500 per child is required to enroll; Balance is due 5/1/20. If enrolling after 5/1/20, payment in full is due at the time of enrollment. All payments will automatically be charged to the credit card used for deposit. 						
We accept Cash, Check, Visa, Mastercard, Discover & American Express. All credit card payments are subject to a 2% administrative fee.						
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 i Camp Location: 14 Dittmar Road, Freehold, NJ 07728 info@rollinghillsdaycamp.com www.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, 2020 increases in number of weeks attended will be charged at the prevailing rate.
- Camp is closed Friday, July 3, 2020
- 4 Week enrollments must be either 6/29 7/24 or 7/27 8/21 .

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Please group my child with (list 3 children): 1st choice _____ 2nd choice _____ 3rd 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 (with the exception of the credit card administrative fee) are refundable until April 1, 2020. After April 1, 2020, 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 2021. After June 1st, no credits will be issued. There are NO refunds for camp closings, 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 \$75 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			
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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 _______ DATE ________ Signature Required

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