



7 Yellow Meeting House Road
 Millstone Township, NJ 08510
 Camp Hours: 9:00AM - 4:00PM

Tel 609.208.9050
 Fax 609.208.9052
 www.frogbridge.com

PRICES VALID UNTIL FEB. 26, 2019

\$1000 DEPOSIT REQUIRED PER CAMPER

FROGBRIDGE DAY CAMP 2019 ENROLLMENT APPLICATION

Camper's Name	M/F	Birthdate	Grade in Sept '19		
Address	Town	Zip			
Home Phone	Email				
Parent #1 Name	Work Phone	Cell Phone	Occupation		
Parent #2 Name	Work Phone	Cell Phone	Occupation		
Marital Status (circle one):	Married	Divorced	Separated	Single	Widow/Widower
Child lives with (circle one):	Both parents	Mother Only	Father Only	Other:	
School Attended For 2018/2019	School Year				
Previous Camp Attended (for new campers only)	Security Password				
Camper's Doctor:	Phone Number:				

TUITION SCHEDULE

INCLUDES CHOICE OF CENTRAL EXPRESS DISCOUNT OR PARENT DRIVE OPTION DISCOUNT, DAILY BATHING SUIT LAUNDERING, POOLSIDE TOWEL SERVICE, HOT LUNCH, AFTERNOON SNACK, CAMPER T-SHIRT & CAMPER BAG.

All Grades are Entering Sept 2019 Please Select Desired Program	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 □ July 1 - July 26 □ July 29 - Aug 23
	<input type="checkbox"/> \$3295	<input type="checkbox"/> \$3195	<input type="checkbox"/> \$3095	<input type="checkbox"/> \$2795	<input type="checkbox"/> \$2395
Mini-Week, 3 Days, entering Pre-K - 1st grade (T,W,TH)	<input type="checkbox"/> \$4195	<input type="checkbox"/> \$4095	<input type="checkbox"/> \$3895	<input type="checkbox"/> \$3595	<input type="checkbox"/> \$2995
Full Day, 5 Days, entering Pre-K - K	<input type="checkbox"/> \$4995	<input type="checkbox"/> \$4895	<input type="checkbox"/> \$4695	<input type="checkbox"/> \$4295	<input type="checkbox"/> \$3695
Full Day, 5 Days, entering 1st - 7th Grades	<input type="checkbox"/> \$5295	<input type="checkbox"/> \$5195	<input type="checkbox"/> \$4995	<input type="checkbox"/> \$4595	<input type="checkbox"/> \$3995
Full Day, 7th Grade Getaway Travel, entering 7th Grade	<input type="checkbox"/> \$5595	<input type="checkbox"/> \$5495	<input type="checkbox"/> \$5295	<input type="checkbox"/> \$4895	<input type="checkbox"/> \$4295
Full Day, SCORE Travel Program, entering 8th Grade	<input type="checkbox"/> \$6495	<input type="checkbox"/> \$6195	<input type="checkbox"/> \$5995	<input type="checkbox"/> \$5395	<input type="checkbox"/> \$4795
Full Day, Teen Travel Program, entering 9th and 10th Grade	<input type="checkbox"/> \$4495	N/A	<input type="checkbox"/> \$4195	N/A	<input type="checkbox"/> \$3395
Full Day, CIT Program, entering 9th and 10th Grade					

Please DEDUCT The Following Applicable Discounts

- Sibling Discount - 2nd camper enrolled -\$350 (6-8 week enrollment), -\$250 (4-5 week enrollment)
- Sibling Discount - 3rd child enrolled -\$700 (6-8 week enrollment), -\$400 (4-5 week enrollment)
- Mini-Week Sibling Discount - 2nd/3rd child enrolled -\$200 (6-8 week enrollment), -\$100 (4-5 week enrollment)

Please ADD The Following Options to the Campers Tuition

- Door to Door Transportation and/or Extended Care +\$400 (6-8 week enrollment), +\$300 (4-5 week enrollment)
- Mini-Wk DTD Transportation and/or Extended Care +\$300 (6-8 week enrollment), +\$200 (4-5 week enrollment)
- Late Bus See Transportation Form for Pricing Structure

****REFERRAL INCENTIVE PROGRAM: \$100 for each camper referred OR \$200 credit for summer 2020 per camper referred. ****
Call our office for full details.

Payment Information

Please circle payment method: **Cash** **Check** **Visa** **Mastercard** **American Express**

Name on Card: _____ Billing Address: _____
 Credit Card # _____ Exp Date: _____ Security Code: _____
 Check Number: _____
 Payment Enclosed: _____ Signature: _____

Camper T-Shirt Size: (Please circle) Youth Sizes: S M L Adult Sizes: S M L XL

Group Placement: If possible, I would like my child placed with (must be entering same grade) 1. _____ 2. _____
 (Requests must be reciprocal)

Emergency Contacts: In the event I can not be reached in an emergency, I hereby grant permission to Frogbridge Day Camp to bring my child to the emergency room. The following emergency contacts should be called in my absence:

Emergency Contact # 1 _____ Phone Number _____ Relationship to Camper _____
 Emergency Contact # 2 _____ Phone Number _____ Relationship to Camper _____

TERMS AND CONDITIONS OF ENROLLMENT-MEMBERSHIP APPLICATION

1. **Rules and Regulations:** The camper ("Camper") and parent(s) ("Parent") agree to abide by all of the rules and regulations established by Frogbridge Day Camp, including, without limitations, those relating to enrollment and withdrawal of campers and visitation.
2. **An additional payment of \$500, (total \$1,000 each camper)** must be received by February 1, 2019 or higher camp fee will prevail.
3. **The entire camp fee** must be paid in full by April 1, 2019. If entire tuition has not been received, we reserve the right to (1) add a surcharge of \$100 and a higher enrollment fee will prevail, or (2) cancellation of your enrollment may occur.
4. **The medical form (state law),** including proof of immunizations, must be completed by a physician and in the camp office before May 1, 2019 or your child(ren) may not begin camp. No child may attend camp without a medical form.
5. **Medical Care:** Parent grants Camp permission to utilize medical treatment (including dental and orthodontia) outside of Camp should director deem such treatment necessary for Camper's well being. Medications of any kind cannot be dispensed without a Doctor's Prescription.
6. **Images, etc.:** Permission is hereby given for Camp to use in promoting the Camp and in other ventures directly relating to the Camp (1) Camper's photographs, video and audio images or likenesses, and (2) statements, articles, names, music, art, photographs, audio recordings, films and videos and commercials created by Camper and originating from Camp or from a Camp-related activity.
7. **Changes in transportation or weeks attending** may not be possible to make after June 1, 2019. Final group and transportation arrangements will be made only when all tuitions are paid in full. Transportation is not guaranteed for extensions. Transportation times for pick-up and drop-off cannot be guaranteed. Any requests for changes must be in writing.
8. **Extensions:** Once camp begins, any extensions granted will be priced at the prevailing rate and additional fees will be applied.
9. **Dismissal of Camper:** The camp reserves the right to dismiss, in its sole discretion, any Camper whose condition, conduct, influence or behavior is deemed unsatisfactory or detrimental to the best interest of Camp or his fellow campers or who violates camp rules and regulations, in which case **absolutely no refunds will be given**.
10. **Food Allergies:** Due to the increased number of campers with severe food allergies, no food of any kind is permitted to be brought onto camp property (including buses). Only foods prepared and bought by Frogbridge are served to our campers.
11. **Belongings:** Camp is not responsible for Camper's belongings or equipment while in transit or at Camp. Please refrain from bringing personal items of value to camp.
12. **Special requests** are honored if deemed in the best interest of camper, group and camp, and must be in writing. All requests are subject to the Director's final approval.
13. **Camper schedules** are subject to change at the discretion of the Camp Director. Camp will not be held responsible for any changes due to circumstances beyond our control.
14. **Collection Costs:** If fees are not paid in full by Parent or Camper, Parent shall be liable for all costs of collection, including attorney's fees. Bounced checks will result in a \$35 service charge.
15. **Disputes:** All claims or disputes arising from or related to this Agreement shall be brought and maintained in the courts of Monmouth County and of the State of New Jersey, and Parent expressly submits to the jurisdiction of such courts. Any individual bringing legal action against Camp, which action is decided in favor of Camp will be responsible for all legal fees, court cost and out-of-pocket expenses of Camp, its owners and employees.
16. **Teen Travel Overnight Allowances:** Only those Teen Travel campers registered for all eight weeks may attend all four overnight trips. Four and five week teen travelers may attend no more than two overnight trips during their registered stay, and six and seven week teen travelers may attend no more than three overnight trips during their registered stay. Four week Teen Travel camper's weeks must be consecutive. (First 4 or last 4 weeks).
17. **Camp will be closed on Thursday, July 4th in celebration of Independence Day.**
18. **Camp closes at 3 pm on the last day of camp.**

Frogbridge Worry Free Refund Policy

- * All families registered at Frogbridge may have a FULL REFUND for any reason, from the day you register until the Friday before the camp season begins. Frogbridge does not apply service charges or processing fees of any kind, and we do not keep any part of your deposit.
- * There are absolutely no refunds once the camp season begins for any travel campers (due to fees associated with those travel programs and the limited enrollment in these groups). Prior to camp, charges for Six Flags combination passes (if applicable) will be deducted from your refund.
- * There are no refunds or make up days for Individual missed days or parts of days once the camp season begins. Furthermore, no refund of any kind will be made for any interruption in the camp season due to illness, family vacation, transportation delays, weather related issues or external circumstances beyond our control. Refund considerations for absences due to long term illnesses must be accompanied by a doctors note.
- * Approved reductions in camp time will result in being billed for the lesser number of weeks.. For example, an 8 week camper lessening their camp time to 6 weeks for any approved reason will be billed as a 6 week camper.
- * There are absolutely no refunds of any kind for any campers that are dismissed or suspended from camp for any reason.

Additional Information

I hereby give permission to have sunscreen applied to my child by his/her counselor. Signature _____
***** (For Prek - 5th grade only) *****

I hereby give permission to have my child changed by his/her counselor in the event my child soils his/herself.
***** (For Tadpoles only) ***** Signature _____

Health Concerns: Please indicate any significant medical concerns or medicinal allergies: _____

Medication: Does camper require any medication to administered by the camp nurse? YES NO

If so, Please explain? _____

Food Allergies: _____

IN CASE OF AN EMERGENCY: I understand that every effort will be made to contact the parents/ guardians of the camper. In the event that I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia and/or surgery for my child, as named above. This form may be photocopied for use out of camp.

The Parent/Guardian who signs this enrollment application represents that he/she has full authority to do so and verifies that he/she has read and understands all terms and conditions of enrollment outlined on both sides of this application.

Please note: the signed Enrollment Agreement applies to all siblings registered in camp.

Parent/Guardian's Signature: _____

Date: _____