PRICES VALID UNTIL JAN. 7, 2020 \$500 DEPOSIT REQUIRED PER CAMPER



7 Yellow Meeting House Road Millstone Township, NJ 08510 Camp Hours: 9:00AM - 4:00PM Tel 609.208.9050 Fax 609.208.9052 www.frogbridgedaycamp.com

FROGBRIDGE DAY CAMP 2020 ENROLLMENT APPLICATION

TROUBRIDGE DAT CAMIF	2020 EMICLEMENT AF	LICATION						
Camper's Name	M/F	Birthdate	Birthdate Grade in Sept '20					
Address	Town		Zip					
Home Phone	Email							
Parent #1 Name	Work Phone	Cell Phone	C	Occupation				
Parent #2 Name	arent #2 Name Work Phone		Occupation					
Marital Status (circle one): Married	Divorced Separated Single	Widow/Widower						
Child lives with (circle one):	Both parents Mother Only	Father Onl	v O	Other:				
School Attended For 2019/2020 School Year								
Previous Camp Attended (for new campers only) Security Password								
Camper's Doctor:	TUTION	Phone Number:						
TUITION SCHEDULE NICH LIDES CHOICE OF CENTER AL EXPRESS DISCOUNT OF BARRENT PRINT OF THE OPTION DISCOUNT OF ALL VIDATIONS CHUT								
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.								
		8 Weeks	7 Weeks	6 Weeks	5 Weeks	4 Weeks		
All Grades are Entering Sept 2020	Please Select Desired Program	June 29 - Aug 21	1 2 3 4 5 6 7 8 (circle weeks)	1 2 3 4 5 6 7 8 (circle weeks)	1 2 3 4 5 6 7 8 (circle weeks)	□ June 29 - July 24 □ July 27 - Aug 21		
						1		
Mini-Week, 3 Days, entering Pre-K - 1s	st grade (T,W,TH)	□ \$3295	□ \$3195	□ \$3095	□ \$2795	□ \$2395		
Full Day, 5 Days, entering Pre-K - K		□ \$4195	□ \$4095	□ \$3895	□ \$3595	□ \$2995		
Full Day, 5 Days, entering 1st - 7th Gra	ıdes	□ \$5095	□ \$4995	□ \$4795	□ \$4395	□ \$3795		
Full Day, 7th Grade Getaway Travel, er	ntering 7th Grade	□ \$5395	□ \$5295	□ \$5095	□ \$4695	□ \$4095		
Full Day, SCORE Travel Program, enter	□ \$5795	□ \$5695	□ \$5495	□ \$5095	□ \$4495			
Full Day, Teen Travel Program, entering 9th and 10th Grade		□ \$6695	□ \$6395	□ \$6195	□ \$5595	□ \$4995		
Full Day, CIT Program, entering 9th and 10th Grade		□ \$4595	N/A	□ \$4295	N/A	□ \$3495		
Please DEDUCT The Following Applicable Discounts								
Paid in Full Discount		□ -\$200 (6-8 wee	ek enrollment),	□ -\$100 (4-5 w	eek enrollment			
Mini-Week Paid in Full Discount	`	□ -\$200 (6-8 week enrollment), □ -\$100 (4-5 week enrollment)						
			□ -\$350 (6-8 week enrollment), □ -\$250 (4-5 week enrollment)					
			□ -\$700 (6-8 week enrollment), □ -\$400 (4-5 week enrollment)					
Mini-Week Sibling Discount - 2nd/3rd child enrolled								
Please ADD The Following Options to the Campers Tuition								
Door to Door Transportation and/or Extended Care +\$600 (6-8 week enrollment), +\$400 (4-5 week enrollment)								
Ini-Wk DTD Transportation and/or Extended Care = +\$400 (6-8 week enrollment), = +\$300 (4-5 week enrollment)						,		
Late Bus - +\$750 (6-8 week enrollment), - +\$500 (4-5 week enrollment) **DEFERD AT INCENTIVE PROCESAM. \$100 for each company referred. OR \$200 and it for suppose 2021 per company referred. \$*								
**REFERRAL INCENTIVE PROGRAM: \$100 for each camper referred OR \$200 credit for summer 2021 per camper referred. ** Call our office for full details.								
PAYMENT INFORMATION								
Please circle payment method: Cash	n Check Visa Mastercard A	American Express						
Name on Card:		Billing Ad	dress:					
Credit Card # Exp Date: Security Code:								
Check Number:		•		•				
Payment Enclosed:		Signature:						
Camper T-Shirt Size: (Please circle) You	ath Sizes: S M L A	dult 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 N	Number		Relationship to Camper				

Emergency Contact # 2______ Phone Number ______ Relationship to Camper ______

TERMS AND CONDITIONS OF ENROLLMENT-MEMBERSHIP APPLICATION

- 1. <u>Rules and Regulations</u>: 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, 2020 or higher camp fee will prevail.
- 3. The entire camp fee must be paid in full by April 1, 2020. 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, 2020 or your child(ren) may not begin camp. No child may attend camp without a medical form.
- 5. <u>Medical Care</u>: 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. <u>Images, etc.</u>: 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. <u>Changes in transportation or weeks attending</u> may not be possible to make after June 1, 2020. Final group and transportation arrangements will be made <u>only when all tuitions are paid in full</u>. Transportation is not guaranteed for extensions. Transportation times for pick-up and drop-off cannot be guaranteed. <u>Any requests</u> 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. <u>Dismissal of Camper:</u> 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. <u>Food Allergies:</u> 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. <u>Belongings</u>: 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. <u>Special requests</u> are honored if deemed in the best interest of camper, group and camp, and <u>must be in writing</u>. All requests are subject to the Director's final approval.
- 13. <u>Camper schedules</u> 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. <u>Disputes</u>: 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. <u>Teen Travel Overnight Allowances:</u> 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 Friday, July 3rd in celebration of Independence Day.

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

Parent/Guardian's Signature:

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 acclicable) 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	m camp for an	y reason.					
Additional Information							
I hereby give permission to have sunscreen applied to my child by his/her counselor. ***********************************	Signature_						
I hereby give permission to have my child changed by his/her counselor in the event my child soils his/herself. ************************ Signature							
Health Concerns: Please indicate any significant medical concerns or medicinal allergies:							
Medication : Does camper require any medication to administered by the camp nurse? If so, Please explain?	\Box YES	□ NO					
Food Allergies:							
IN CASE OF AN EMERGENCY: I understand that every effort will be made to contact the pare reached, I hereby give permission to the physician selected by the Camp Director to hospital anesthesia and/or surgery for my child, as named above. This form may be photocopied for The Parent/Guardian who signs this enrollment application represents that he/she has full au understands all terms and conditions of enrollment outlined on both sides of this application	ize, secure pro use out of car uthority to do	oper treatment for, an np.	d to order injection,				

Date: