

Vacation Village Day Camp

P.O. Box 1014 Loch Sheldrake NY 12759 Phone: 845-693-1657 Fax: 845-436-8903

E-mail: daycampvv@gmail.com

Camper Enrollment Contract

Family name _____ Home Phone _____

Address _____ City _____ State _____ zip _____

Father's Name _____ Cell Phone: _____ Home: _____

Mother's Name _____ Cell Phone: _____ Home: _____

Email Father: _____ Email Mother: _____

VV House Number _____ own/rent (PLEASE CIRCLE) summer phone: _____

NON VVer SUMMER ADDRESS _____ City _____ State _____ ZIP _____

NON VVer summer phone: _____

First name Of camper	M/F	D.O.B MM/DD/YY	School	Grade in SEPT 2016	1 st Session 6/30-7/27	2 nd Session 7/28-8/24	Full Summer 6/30-8/24

Special Request

Child Name	Special Request

In the event that I cannot be reached, I hereby give my permission to the physician selected by the camp director to secure medical treatment for my child/ren as named above.

PARENT/GUARDIAN

SIGNATURE _____ DATE _____

PLEASE MAIL TO: VACATION VILLAGE DAY CAMP/ PO BOX 1014/ LOCH SHELDRAKE, NY 12759

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SUMMER 2016 SESSION SCHEDULE

1st Session

Thursday June 30th - Wednesday July 27th
24th

2nd Session

Thursday July 28th - Wednesday August

Camp Hours

Camp house (3-5 year old) and General Camp Hours 9:30 - 4:30pm, Friday 9:30 - 4:00

Deposits can be refunded in full (less \$ 50.00 for office expenses) until March 31st

Sibling Discount \$50.00 off 4th camper plus.

EARLY BIRD SPECIAL

Deadline: March 31, 2016

3 - 14 years old Full Summer: \$1300 Half Summer: \$700

TO RECEIVE THE EARLY BIRD SPECIAL, A FULL PAYMENT WITH REGISTRATION FORMS NEEDS TO BE RECEIVED
IN AN ENVELOPE POSTMARKED NO LATER THAN MARCH 31, 2016

For Non Vacation Village Children there is an insurance and registration fee of \$75 per child

Application submitted missing any items will be processed at regular rate

THERE WILL BE A MANDATORY LICE CHECKING FEE OF \$25 - PER FAMILY

AND A MANDATORY FEE TO COVER FOOD FOR COUNSELORS of \$40 - PER FAMILY

SUMMER 2016 FEES

Prices after March 31st

		<u>Full Summer</u>	<u>Half Summer</u>
	April 1 st - May 31 st	\$1500	\$800
If space available	June 1 st - June 30 th	\$1600	\$850
If space available	<i>Weekly</i> - \$260	<i>Daily</i> - \$60 - <u>Available for VV residents only</u>	

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PAYMENT POLICY:

- 1) **NO** application will be processed without **full** payment per child.
- 2) APPLICATIONS POST MARKED AFTER **3/31/16** WILL BE PROCESSED WITH REGULAR PAYMENT ONLY, NO EARLY BIRD.
- 3) ALL CHECKS PAYABLE TO: Vacation Village Day Camp
- 4) The homeowner of record **must be 100% up to date on Vacation Village maintenance prior to the start of camp.** No child will be admitted to camp if the homeowner is in arrears at the start of camp.

FOR OFFICE USE ONLY

DATE REC'D _____	CHILD #1 _____	
	CHILD #2 _____	LICE- \$25 _____
	CHILD #3 _____	FOOD-\$40 _____
	CHILD #4 _____	NON-VV INS. - Per person \$75 _____
TOTAL \$ _____	CHILD #5 _____	PAYMENT \$ _____

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CAMP SHIRT ORDER FORM

PLEASE NOTE: The shirts run SMALL

We have put approximate children size equivalents in parentheses next to each size

PLEASE ORDER ACCORDINGLY

NAME _____

AGE _____

Kindly indicate the size of the vacation village day camp shirt that you wish to order.

Your camper is entitled to 1 FREE shirt

Boys & Girls sizes

_____ X-SMALL (2-4)
_____ SMALL (5-6)
_____ MEDIUM (7-8)
_____ LARGE (10-12)

Men's & Ladies Sizes

_____ SMALL (child's 14-16)
_____ MEDIUM (child's 18-20)
_____ LARGE
_____ X-LARGE

Please complete one form for *each* camper

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For Health Department Purpose,
Please sign **BOTH** the trip and swim consent form.
Please submit one form for *each* camper.

TRIP CONSENT FORM 2016

I hereby grant permission for my child(ren) to go on camp trips
under the supervision of Vacation Village Day Camp

Child _____

Sign _____

Date _____

Print Name: _____

SWIM CONSENT FORM 2016

I am aware that Vacation Village Day Camp provides swimming for ALL
Campers (ages 3-14) between the hours of 9:30am & 4:30pm

Child _____

Sign: _____

Date: _____

Print Name: _____