

SUPER EARLY BIRD RATES 2018

34 Park Ave, Randolph, NJ 07869
 Phone (862) 244-4422
 Email info@tamarackdaycamp.com
 www.TamarackDayCamp.com



SUPER EARLY BIRD
 Rates EXPIRE on 8/19/17 or
 after 150 enrollments.

<p>1 Camper's Name _____</p> <p>M/F ____ DOB _____ Grade Entering in Sept 2018 _____</p> <p>T - Shirt Size: YS YM YL AS AM AL AXL</p>	<p>2 Camper's Name _____</p> <p>M/F ____ DOB _____ Grade Entering in Sept 2018 _____</p> <p>T - Shirt Size: YS YM YL AS AM AL AXL</p>
--	--

Parents' Names _____

Street _____ City _____ Zip _____

Home Phone _____ Mom's Cell _____ Dad's Cell _____

Mom's Work _____ Dad's Work _____ School: _____

Parent's Email (1) _____ (2) _____

Siblings in Camp: (please check) Yes No (Sibling Discounts: 5% off tuition for the second and third campers enrolled) Does not apply to Pre-K & K Grade Rate

SUPER EARLY BIRD RATES		FULL RATES								
	8 Week Session	7 Week Session	6 Week Session	5 Week Session	4 Week Session					
5 Full Days (9:00 AM - 4:00 PM Transportation and Lunch Included)										
1st - 6th Grade 5 Full Day Program	\$4795	\$5595	\$4550	\$5350	\$4450	\$5250	\$4250	\$5050	\$3700	\$4500
5 Full Days (9:00 AM - 4:00 PM Transportation and Lunch Included), Discounts Do Not Apply										
Pre-K - Kindergarten 5 Full Day Program	\$3995	\$4795	\$3795	\$4595	\$3650	\$4450	\$3500	\$4300	\$3250	\$4050
3 Full Days (T-W-TH 9:00 AM - 4:00 PM Lunch Included), Discounts Do Not Apply										
Pre-K & Kindergarten 3 Full Days	\$3795	\$4595	\$3595	\$4395	\$3450	\$4250	\$3300	\$4100	\$3050	\$3850
5 Mini Days (9:00 AM - 1:00 PM Lunch Included), Discounts Do Not Apply PM Transportation is NOT provided. Campers must be picked up at camp at 1PM.										
Pre-K & Kindergarten 5 Mini Days	\$3795	\$4595	\$3595	\$4395	\$3450	\$4250	\$3300	\$4100	\$3050	\$3850
7th, 8th & 9th Grade Program Includes Transportation, Lunch, & 2 Day Trips per Week. 8 Week Sessions Include One Overnight Trip, All other sessions may purchase the Overnight Trip.										
7th, 8th & 9th Grade	\$5495	\$6295	\$5395	\$6195	\$5150	\$5950	\$4995	\$5795	\$4395	\$5195

BILLING OPTIONS

Enrollment requires a \$700 deposit for pre-K to 6th grade & \$1200 deposit for 7th, 8th, & 9th grade programs. Balance due is payable in two equal installments October 15, 2017 & January 15, 2018. Refund deadline is March 1, 2018 (Jan 1, 2018 for 7th, 8th & 9th grade). AM or PM Extended Care is \$75 per week. Both AM & PM Extended is \$150 per week. Sibling Discounts do NOT apply to the Pre-K & Kindergarten rates. Referral Discount is \$300 off 1st-6th Grade & 7th, 8th & 9th Grade Rates for 6-8 Week programs and \$200 off all other programs.

Check Here to Have Your Credit Card Automatically Billed on 10/15/17 & 1/15/18



Ask about our TravMark
Camp Tuition Insurance!

	1	2	3	4	5	6	7	8
WEEK	6/25	7/02	7/09	7/16	7/23	7/30	8/06	8/13
CAMPER 1								
CAMPER 2								

Make checks payable to: TAMARACK DAY CAMP (\$25 charge for returned checks). Tuition can be charged to Visa, Mastercard, Discover, or American Express.

Credit Card # _____ Exp. Date _____ Signature _____

SPECIAL NOTE: Tuition includes transportation, lunch, camp shirt, camp bag, snack, beverage, accident insurance, and local trips. Camp is not responsible for personal belongings lost on premises or trips. Tuition is fully refundable until March 1, 2018 for pre-k-6th grade and January 1, 2018 for 7th, 8th, & 9th grade programs. There are no refunds due to illness or absences. Parent hereby grants permission for Tamarack Day Camp to photograph his/her child and to use these pictures for brochures & website purposes. A fee of \$75 will be charged for any transportation or week schedule changes made after May 1, 2018. By signing this, I understand and adhere to the camp refund policy. CAMP WILL BE CLOSED ON WEDNESDAY, JULY 4, 2018 in observance of Independence Day.

PARENT SIGNATURE _____ DATE _____

PLEASE COMPLETE REVERSE SIDE

TRANSPORTATION INFORMATION

Please provide bus service for my child (If this box is checked, please complete the transportation information below.)

The Camp Bus will Pickup and/or Drop off (please check those that apply) my child at this location:

Address _____ Cross Street _____

Town _____ Phone Number (at location) _____

Please drop off my child at a Different Location in the afternoon.

Address _____ Cross Street _____

Town _____ Phone Number (at location) _____

I hereby grant permission for the bus driver to allow my child to enter the house without an adult in sight. Yes No

SIGNATURE OF PARENT or GUARDIAN: _____

PARENT TRANSPORTATION

I will be transporting my child to and from camp. DO NOT provide bus service.

NOTE: \$300 is deducted off 8 week tuition for parent transportation, \$200 off 6 week tuition, \$150 off 4 week tuition.

EXTENDED PROGRAM

Please enroll my child in the EXTENDED MORNING PROGRAM (7:30AM - 9AM). Add \$75 per week.

Please enroll my child in the EXTENDED AFTERNOON PROGRAM (4PM - 6PM). Add \$75 per week.

Please enroll my child in BOTH EXTENDED MORNING AND AFTERNOON PROGRAM. Add \$150 per week.

NOTE: See deductions in Parent Transport. Transportation and/or extended program must be for the duration of your sessions.

EMERGENCY INFORMATION

Mother Contact Info Best Number to Reach During Camp Day (circle one) Cell Work Home Other: _____

Father Contact Info Best Number to Reach During Camp Day (circle one) Cell Work Home Other: _____

Physician's Name: _____ Phone: _____

Does your camper(s) have any special needs or issues (dietary, medical, physical, etc)? _____

In the Case of an Emergency, in which we are unable to reach your contact: _____

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

In the event that you or your family physician cannot be contacted in an emergency, you hereby grant permission to Tamarack to take your child to the nearest medical facility, to provide a physician, and to give emergency treatment to your child.

SIGNATURE OF PARENT or GUARDIAN: _____

TRIP CONSENT: (for Campers Entering 5th grade and up) Permission is granted to the Directors of Tamarack Day Camp to take my child on trips outside of the camp.

SIGNATURE of PARENT or GUARDIAN: _____ **DATE:** _____

GROUP REQUEST: If possible, please place my child with _____

How did you hear about us? (circle one) TV Commercial Flier in the Mail

Tamarack Family Magazine/Newspaper Ad Internet Search

If you were referred by another Tamarack Family, please tell us who: _____



34 Park Ave, Randolph, NJ
(862) 244-4422
info@TamarackDayCamp.com
www.TamarackDayCamp.com