

CAMP WEST WOODS APPLICATION 2012

Name of Camper _____ Age ____ Birth date ___/___/___ Sex _____

Grade starting in September 2012 _____ School Name _____

Home Address _____ Town _____ Zip _____

1st Parent's name _____ 2nd Parent's name _____

1st Parent's home phone _____ 2nd Parent's home phone _____

1st Parent's work phone _____ 2nd Parent's work phone _____

1st Parent's cell phone _____ 2nd Parent's cell phone _____

Primary email address _____

Please place my child with _____ (one name only, please)

Note: friends must begin camp at the same time in order for us to place together. Placement not guaranteed.

Check the program you want: ___ Day Camp ___ Gymnastics Camp ___ Leadership Training Program (LTP)

Lower Camp options for children entering kindergarten:

___ 5 days/week ___ 3 days/week (Mon, Wed, Fri)

Lower Camp options for children entering pre-school (3- and 4-year-olds)

___ 5 days/week ___ 3 days/week (Mon/Wed/Fri)

___ 2 days/week (Tues/Thurs) ___ 2 half-days/week (Tues/Thurs 9:00 AM to 12:15 PM)

Enrollment: Please check session desired. For Day Camp, Lower Camp and LTP, sign up for a minimum of one four-week session plus any additional weeks. For Gym Camp, sign up for a minimum of any 2 consecutive weeks.

___ Session I (June 25-July 20)* ___ Session II (July 23-August 17) ___ Full Season (June 25-August 17)

*closed July 4th

Check off additional weeks beyond minimum. For Gym Camp, check off any two consecutive weeks plus any additional weeks. Gym Camp enrollees: Please complete her/his level ___ and number of years taking gymnastics ___

___ Week 1 (June 25-June 29)

___ Week 5 (July 23-July 27)

___ Week 2 (July 2-July 6) (closed July 4th)

___ Week 6 (July 30-August 3)

___ Week 3 (July 9-July 13)

___ Week 7 (August 6-August 10)

___ Week 4 (July 16-July 20)

___ Week 8 (August 13-August 17)

Extended Day: 7:30-9:00 AM ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Friday

4:00-6:00 PM ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Friday

Transportation: ___ Please put my name & number on the carpool list.

Please check one of the following:

___ **My child does not need extra assistance at camp.** I am not aware of any special needs that would impact my child's ability to fully participate in all camp activities.

___ **My child needs extra assistance at camp, due to special needs and/or trouble integrating with peers.** I have provided detailed information in a letter attached to this application. I understand that failure to share pertinent information with the camp director may severely compromise my child's adjustment to camp and potentially end my child's enrollment with no refund.

Signed _____

Date _____

CONTINUED ON REVERSE SIDE

SIGNATURE REQUIRED

I understand and agree to the following:

1. A full refund of payment for tuition and extended day will be given only if cancellation of weeks is done prior to March 1st. If cancellation of weeks occurs between March 1st and May 1st, a \$100 change fee will be charged to your account. After May 1st, no refunds are given. The registration fee is non-refundable.
2. All fees are to be paid on or before May 1st unless otherwise agreed upon in writing by the camp.
3. I understand the camp does not refund money for any camper who withdraws for any reason, including but not limited to: illness, injury, missed days, violation of camp rules, or change of family plans.
4. The Director of the camp reserves the right to dismiss any camper, without refund, who in the Director's judgment violates the camp's rules. These rules will be sent out in the confirmation packet after your application has been processed.
5. I agree to allow my child to go on any camp-sponsored field trips. I understand that I will be notified in advance of each trip and will notify the camp if I do not want my child to go on that trip.
6. Permission is granted to publish photos of my child (no names mentioned) in brochures, on the website, and in public relations presentations.
7. I agree to release, defend and hold harmless Camp West Woods Inc. its officers, directors, and employees, from liabilities on account of injury to my child's body, health, well-being or property, or for any other loss, claim or damage without limitation.

Signed _____ Date _____

This camp complies with regulations of the Massachusetts Department of Public Health (105 CMR 430) and is licensed by the Stoughton Board of Health. Information on these regulations can be obtained at 617-983-6761.

TUITION		
<u>Day Camp</u>		<u>Gymnastics Camp</u>
4 weeks	\$370/week	2-4weeks \$370/week
5-7 weeks	\$355/week	5-7 weeks \$355/week
8 weeks	\$340/week	8 weeks \$340/week
<u>Lower Camp</u>		<u>Leadership Training Program (LTP)</u>
5 days/week	same as Day Camp	1 st year LTP (entering 9 th grade) \$300/week
3 days/week (Mon/Wed/Fri)		2 nd year LTP (entering 10 th grade) Free tuition (\$40 reg fee only)
4 weeks =	\$230/week	Adv Bound 1 st year LTP \$420/week
5-7 weeks =	\$220/week	Adv Bound 2 nd year LTP \$260/week
8 weeks =	\$210/week	
2 days/week (Tues/Thurs for 3- and 4-year-olds only)		
4 weeks =	\$155/week	
5-7 weeks =	\$145/week	
8 weeks =	\$135/week	
2 half-days/week (Tues/Thurs from 9:00-12:15 for 3- and 4-year olds only)		
4 weeks =	\$75/week	
5-7 weeks =	\$70/week	
8 weeks =	\$65/week	
Extended Day: \$8/day for AM, \$10/day for PM, \$15/day for AM & PM		
<u>DISCOUNTS</u>		
Sibling: We offer a \$20 per week sibling discount for the second child enrolled 5 days/week; \$30 for every additional child; and a \$5 per week discount if the child is enrolled 2 or 3 days/week.		
Early Payment: \$10 per week for 1 st child and \$5 per week for siblings if you pay in full before February 15 th .		

Payment: A non-refundable deposit of \$350 (\$310 of which is credited toward tuition) along with the Health Form must accompany each application. A \$40 registration fee is included in the non-refundable deposit. For families with more than one camper, the registration fee is \$65 per family. Total amount due must be paid in full by May 1st.

.....Check enclosed (payable to Camp West Woods) OR

_____ Charge my _____ Mastercard _____ Visa _____
Card number

_____ Exp. Date _____ CVV2# (last 3 digits on back of card) _____ Signature

Amount to be charged to my credit card: _____ Deposit Only _____ Total (tuition and registration fee)

**To enroll, please submit this Application, Payment, and the Health Form to:
 Camp West Woods, 808 West Street, Stoughton, MA 02072
 Your child's enrollment will not be processed if any of these three items are missing.**