

SEASHORE DAY CAMP & SCHOOL

345 SECOND AVENUE, LONG BRANCH, NJ 07740
seashorecampandschool.com • 732-222-6464



Voted Best Camp in Monmouth County 3 Times In A Row
Winning Asbury Park Press Readers Choice Awards in 2011, 2012, 2013, 2014 and 2015

YEARS AT SDC	LAST NAME	FIRST NAME	M/F	DATE OF BIRTH	GRADE ENTERING IN 2016	AGE

Child's Name	NURSERY PROGRAM (Children 3 Years Old) Extension week \$395	Full Prices	May/June Coupon	Total
	8-Week Full-Day Nursery June 27-August 19	\$3,595	\$250	\$3,345
	5-Week Full-Day Nursery June 27-July 29	\$3,195	\$150	\$3,045
	7-Week Half-Day June 27-August 12	\$2,595	\$100	\$2,495
	5-Week Half-Day June 27-July 29	\$2,245	\$100	\$2,145

Child's Name	DAY CAMP PROGRAM (Children 4-12 Years Old)	Full Prices	May/June Coupon	Total
	Full Season June 27-August 19	\$4,195	\$250	\$3,945
	7-Week June 27-August 12	\$3,995	\$250	\$3,745
	6-Week June 27-August 5	\$3,795	\$150	\$3,645
	5-Week June 27-July 29	\$3,595	\$150	\$3,445

Child's Name	THEATER CAMP PROGRAM (Children 6 Years Old+ By Audition Only) - SOLD OUT	Full Prices	May/June Coupon	Total
	7-Week June 27-August 12 (Performance Week 7)	\$3,995	\$250	\$3,745
	12-Month Students/Campers Additional Production Fee		N/A	\$495
	Week 8 Extension			\$395

*CITs (Age 13). To be a CIT, you must have been a Super Senior. A special invitation will be mailed.

Enclosed is my \$400 deposit FOR EACH CAMPER reserving a spot at Seashore Day Camp. The balance is to be paid by June 1, 2016. Payments can be made throughout the year.

Parent Signature _____ Date _____

REFUND POLICY: Once this application is received and accepted by Seashore Day Camp, we expect the child/children to attend this summer. A \$75 per child service charge will be assessed for any withdrawal prior to June 1. Checks will be issued after June 15. NO REFUNDS will be given before that date. All campers are required to enroll in our Group Activities Accident Policy. The cost is \$15 per camper per summer.

Total	
Discount	\$ APPLIED ABOVE
Mandatory Accidental Insurance Per Child	\$15 x Number of Campers
Grand Total	
Balance Due	

ALL ITEMS MUST BE COMPLETED AND SIGNED

Home Address _____ City _____ State _____ Zip _____
 Winter Address If Different _____ City _____ State _____ Zip _____
 Mother's Name _____ Home Phone _____ Work # _____ Cell # _____ E-Mail _____
 Father's Name _____ Home Phone _____ Work # _____ Cell # _____ E-Mail _____

Emergency Contacts (other than parents)

Name _____ Relationship To Child _____ Home Phone _____ Cell # _____
 Name _____ Relationship To Child _____ Home Phone _____ Cell # _____

Family Doctor _____ Phone Number _____

Child 1 _____ Last Physical Exam _____ Date Of Last Tetnus Shot _____

Child 2 _____ Last Physical Exam _____ Date Of Last Tetnus Shot _____

Child 3 _____ Last Physical Exam _____ Date Of Last Tetnus Shot _____

Has your child had or been vaccinated for Chicken Pox?
Circle One: Child 1 Yes – No Child 2 Yes – No Child 3 Yes – No

Vaccinations: Please Write YES or NO For Each Child			
	Child 1	Child 2	Child 3
Rubella			
D.P.T.			
Polio			
Measles			
Mumps			

Physical conditions of which we should be aware:

Allergies _____
 Medications _____
 Limit of Activities _____

Your signature confirms that your child is physically and medically fit to participate in all camp activities and you fully understand and acknowledge that there are risks and dangers associated with participation in certain activities, which could result in bodily injury. We agree to limit our ability to sue. In the event of an emergency, after every effort has been made to contact a parent, authorization is granted to utilize Monmouth Medical Center. Camper Accidental Injury Insurance is mandatory and is assessed at \$15 per camper. A copy of policy limits and terms is available from our office. Coverage is provided by American Income Life Insurance Co.

Parent Signature _____ Date _____

TRANSPORTATION
ALL TRANSPORTATION ARRANGEMENTS MUST BE SET BY JUNE 10

Pick Up Address _____ Town _____
 Drop Off Address (if different than pick up) _____ Town _____
 Special Transportation Requests _____
 Closest Major Street or Intersection _____

Thanks for choosing Seashore Day Camp and welcome to Camp 2016, our 90th anniversary summer.

- The Villapiano Family