

# SEASHORE

## DAY CAMP & SCHOOL

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



SUMMER 1926-2019

The SHORE CHOICE  
With Families For Nearly A Century!

Voted Best Camp in Monmouth County 3 Times In A Row  
Winning Asbury Park Press Readers Choice Awards in 2011-2017  
Voted 2017 and 2018 Most Loved All Around Day Camp

YEARS AT SDC	LAST NAME	FIRST NAME	M/F	DATE OF BIRTH	GRADE ENTERING IN 2019	AGE

Child's Name	NURSERY PROGRAM (Children 3 Years Old)	Full Price	Early Reg. Fall Discount	Total
	8-Week Full-Day Nursery July 1 - August 23	\$3,795	\$400	\$3,395
	5-Week Full-Day Nursery July 1 - August 2	\$3,395	\$400	\$2,995
	7-Week Half-Day Nursery July 1 - August 16	\$2,795	\$200	\$2,595
	5-Week Half-Day Nursery July 1 - August 2	\$2,445	\$200	\$2,245

Child's Name	DAY CAMP PROGRAM (Children 4-12 Years Old)	Full Price	Early Reg. Fall Discount	Total
	Full Season July 1 - August 23	\$4,495	\$500	\$3,995
	7-Week July 1 - August 16	\$4,295	\$500	\$3,795
	6-Week July 1 - August 9	\$3,995	\$400	\$3,595
	5-Week July 1 - August 2	\$3,695	\$400	\$3,295

Child's Name	THEATER CAMP PROGRAM – Ages 7 to 16 (Children 6 Years Old BY AUDITION ONLY) (TECH WEEK, week 7)	Full Price	Early Reg. Fall Discount	Total
	7-Weeks July 1 – August 16	\$4,295	\$500	\$3,795
	Week 8 extension August 19 – August 23	\$395	N/A	\$395
	12-Month Students/Campers Additional Production Fee	\$495	N/A	\$495

\*CITs (Age 13). A special invitation was mailed to all Super Seniors. Call for more information.

Enclosed is my \$500 deposit FOR EACH CAMPER reserving a spot at Seashore Day Camp. The balance is to be paid in ADVANCE by June 1, 2019. Payments can be made throughout the year. Discount valid through 3:00 PM August 17<sup>th</sup>.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

REFUND POLICY: Once this applicaton 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/camper per summer.

**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 \_\_\_\_\_

**TRANSPORTATION**

**ALL TRANSPORTATION ARRANGEMENTS MUST BE SET BY JUNE 4**

Pick Up Address \_\_\_\_\_ Town \_\_\_\_\_

Drop Off Address (if different than pick up) \_\_\_\_\_ Town \_\_\_\_\_

Special Transportation Requests \_\_\_\_\_

Closest Major Street or Intersection \_\_\_\_\_

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 \_\_\_\_\_

**Thanks for choosing Seashore Day Camp and welcome to Camp 2019, our 93<sup>rd</sup> summer.**

**- The Villapiano Family**