



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

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	February 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	\$300	\$3,095
	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	February Discount	Total
	Full Season July 1 - August 23	\$4,495	\$400	\$4,095
	7-Week July 1 - August 16	\$4,295	\$400	\$3,895
	6-Week July 1 - August 9	\$3,995	\$300	\$3,695
	5-Week July 1 - August 2	\$3,695	\$300	\$3,395

Child's Name	THEATER CAMP PROGRAM – Ages 7 to 16 (Children 6 Years Old BY AUDITION ONLY) (PERFORMANCE WEEK, week 7)	Full Price	February Discount	Total
	7-Weeks July 1 – August 16	\$4,295	\$400	\$3,895
	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 February 02, 2019.

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

Parent Signature _____ Date _____

REFUND POLICY: NO REFUNDS will be given after June 1.

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 on June 15, 2019. NO REFUNDS WILL BE GIVEN AFTER JUNE 1st, 2019.

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 10th

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 93rd summer.

- The Villapiano Family