



SOUTHAMPTON SUMMER DAY CAMP
OFFICIAL CAMPER REGISTRATION FORM
 (Please PRINT or TYPE)

2020

OFFICE USE	
AR # _____	_____
G _____	_____
T _____	_____

CAMPER'S LAST NAME _____ FIRST NAME _____ Boy Girl

BIRTHDATE ____/____/____ AGE AS OF THIS JUNE 1ST ____ Years ____ Months SCHOOL _____ CURRENT GRADE _____
 Month Day Year

HOME ADDRESS _____ Street _____ City _____ State _____ Zip Code _____

HOME PHONE # (____) _____ Number of PREVIOUS years at SSDC _____

FAMILY E-MAIL ADDRESS _____ (for updates & reminders to keep you informed)

EMERGENCY NAME _____ RELATIONSHIP _____

PHONE # (____) _____ CELL PHONE # (____) _____

Dr/Mr _____ FATHER'S LAST NAME FIRST NAME Work # (____) _____ Cell Phone # (____) _____

Dr/Mrs/Ms _____ MOTHER'S LAST NAME FIRST NAME Work # (____) _____ Cell Phone # (____) _____

Please Check: Married Separated Divorced Re-Married Spouse Deceased Single

ALL CAMP MAIL WILL BE SENT TO HOME ADDRESS UNLESS WRITTEN REQUEST IS RECEIVED BY CAMP.

TERMS OF ENROLLMENT AGREEMENT

1. The camper and parents agree to abide by the rules and regulations set by the Directors.
2. The Camp is not responsible for the camper's equipment or personal belongings. Jewelry, electronic devices, expensive cameras, expensive sports equipment, valuable collections, etc. must not be brought to camp.
3. The Directors reserve the right to refuse or dismiss a camper, or cancel any camper enrollment if their health history, physical or mental condition, conduct, influence or behavior is deemed unsatisfactory to the best interests of the camp. No refund will be made after April 1st.
4. The Camp tuition must be paid in full by May 1st. No reduction or allowance will be made for absences, late arrival or early withdrawal of a camper. The deposit will be refunded upon written request if it is received prior to April 1st, as specified on original enrollment form.
5. Final bunk and transportation arrangements will be made when all tuitions are paid in full.
6. Camper Health History / Medical Form / Camper Resumé are required for enrollment and must be in the camp office by May 1st.
7. Special requests will be honored only if deemed in the best interests of the camper, the group and the camp, and must be in writing.
8. Parent or Guardian gives permission to have camper participate in all activities of Southampton Summer Day Camp and to be taken on all out-of-camp trips authorized by the camp.
9. Parent or Guardian gives permission to have photographs/videos and audios of camper used in printed materials (brochures, etc.) or other media for promotional purposes. This includes individual and group photographs/videos taken by a professional photographer.
10. Acceptance of camper enrollment(s) is based on transportation availability.
11. Due to the complexity of transportation it may not be possible to honor transportation requests.

I agree to comply with the Terms of Enrollment Agreement.

PLEASE AVOID DELAY IN PROCESSING YOUR CHILD'S INFORMATION, YOUR SIGNATURE IS REQUIRED. WITHOUT A SIGNATURE, WE WILL HAVE TO RETURN THIS FORM TO YOU.

PARENT OR GUARDIAN SIGNATURE _____ TODAY'S DATE _____

PARENT/ GUARDIAN NAME PRINTED _____

IMPORTANT! DON'T FORGET TO COMPLETE SIDE 2. →

REQUESTS (OPTIONAL), FRIENDS (Limit 2) _____

CHECK IF YOUR CAMPER WILL BE A ___ CIT (Current 7TH Grader) or ___ LIT (Current 8TH Grader)

PLEASE ADDRESS MAIL TO THE FAMILY HOME ADDRESS AS FOLLOWS: (i.e. "Dr. & Mrs.," "The Smith-Jones Family", etc.)

Family Name _____

Address _____

City _____

State _____

Zip Code _____

DUAL MAILING REQUEST (if needed) I request that duplicate mailings be sent to the following parent:

Name _____

Address _____

City _____

State _____

Zip Code _____

Another camp family may request your phone number/address for party invitations and social get-togethers. SSDC staff also may wish to send you or your camper a special note.

Please realize that your phone number/address is not posted for general view. It will only be upon request for the above reasons.

PLEASE CHECK THE APPROPRIATE BOXES:

Yes, camp may provide my phone number for social reasons.

Yes, camp may provide my address for social reasons.

No, please do not give out my phone number.

No, please do not give out my address.

**As always SSDC would never sell or disclose your personal information to anyone outside of our camp community without your permission; office staff & senior staff are privy to your phone number and address.*

TRANSPORTATION INFORMATION

(Please PRINT or TYPE)

1. Camp provides door-to-door transportation to and from ONE ADDRESS only. (Included in tuition.)

Please provide your transportation address below:

_____ PA _____
STREET ADDRESS CITY ZIP CODE

2. Main intersection nearest home _____

3. Name of your development/community (i.e. Justa Farms, Northampton Hunt, etc.) _____

4. Describe any problems that cars, vans or buses may encounter (i.e. cul-de-sac, one way street, etc.) _____

5. Please check ONE of the following choices below:

CAMP TRANSPORTATION
Camp will be providing transportation to and from the one address written above.

PARENT TRANSPORTATION
Our family will provide our own transportation to and from camp.
We will drop off our camper(s) between 8:35 – 8:50 AM and pick up our camper(s) between 4:05 – 4:15 PM daily.
We will receive a tuition rebate/credit as specified on original enrollment form.

EXTENDED CARE
Our family will provide our own transportation and will require Extended Care.
Drop off after 7:00 AM. Pick up by 6 PM – **Additional fee applies for extended care.**

MINI DAY CAMP (Available for ages 3 & 4 only)
Our family will provide transportation to and from camp. Drop off between 8:45 – 9 AM and pick up at 1:30 PM.

Office Use

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