



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

**2021**

OFFICE USE

AR # \_\_\_\_\_  
 G \_\_\_\_\_  
 T \_\_\_\_\_

CAMPER'S LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

☐ Boy

☐ Girl

BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE AS OF THIS JUNE 1<sup>ST</sup> \_\_\_\_ 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)

ONE & ONLY PHONE# TO BE USED IN CASE OF EMERGENCIES \_\_\_\_\_

EMERGENCY NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE # (\_\_\_\_) \_\_\_\_\_ CELL PHONE # (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
 PARENT 1 LAST NAME FIRST NAME Work # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
 PARENT 2 LAST NAME FIRST NAME Work # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

**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 1<sup>st</sup>.
4. The Camp tuition must be paid in full by May 1<sup>st</sup>. 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 1<sup>st</sup> 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 1<sup>st</sup>.
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 7<sup>TH</sup> Grader) or \_\_\_LIT (Current 8<sup>TH</sup> 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.

☐ No, please do not give out my phone number.

☐ Yes, camp may provide my address for social reasons.

☐ 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:

STREET ADDRESS

CITY

PA

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

**F**

**A**

**B**

**M**

