2010 SUMMER CAMP AT THE LINDGREN SCHOOL

211 IRVING AVENUE CLOSTER NJ 07624 201–768-3550 FAX 201-768-1584

Application and contract. Registration for children ages three through nine will be accepted on a first come basis. Bills will be sent prior to May and all payments must be made by May 15.
Expedition camp is for 10 and 11 year olds only.

MON – THUR	TWO WEEKS	FOUR WEEKS	SIX WEEKS	EIGHT WEEKS
9:30 -- 12:30	$440	$880	$1320	$1760
9:30 -- 3:00	$880	$1760	$2640	$3160* discount rate for 8 weeks full day

Transportation, Optional- $72 Per Week Round Trip or $36 per Week One Way
Trip fees for Expedition Campers (10&11 year olds) $40 Per Week
Before/After camp care available from 8AM and 3PM – 5:30 PM @$7.00 per hour, billed and payable weekly.

ENROLLMENT DATES: CHECK WEEKS YOU WISH YOUR CHILD TO ATTEND. (TWO WEEK MIN.)

_____ AM's 9:30-12:30 _____ Full Day 9:30-3:00

6/28-7/1 WK 1 _____ 7/5-7/8 WK 2_____ 7/12-7/15 WK 3_____ 7/19-7/22 WK 4_____
7/26-7/29 WK 5_____ 8/2-8/5 WK 6_____ 8/9-8/12 WK 7_____ 8/16-8/19 WK 8_____

_____BUS SERVICE – Where Available
ROUND TRIP_____ ONE WAY: AM P/U _____ OR HOME_____

Is this child a former camper or student at Lindgren School YES_____ NO_____
What school or camp program has your child attended? _____

CHILD'S FULL NAME_____ DATE OF BIRTH_____ Male ___ Female ___
ADDRESS_____PHONE #_____

FATHER'S NAME_____ MOTHER'S NAME _____
Business Phone_____ Business Phone_____
Pager/cell #_____ Pager/cell #_____

Child's Physician_____Phone#_____ Hospital_____
Does your child have allergies?_____ Describe_____
Is your child being treated for any medical, physical, or behavioral condition?_____
Describe_____
Has your child ever received special educational services? _____
Describe_____

List two nearby people who will assume temporary care of your child if you cannot be reached:

1._____
name address phone
2._____
name address phone

Everything I have stated in this application is correct. I hereby give my consent to have limited emergency medical care rendered to my child:_____ in the event of an emergency.
Parents Signature _____ Date _____

I give permission for my child to take nearby walks to the Closter Nature Center and for photographs and/or videos to be taken of my child and used in promotional material if applicable.
Parents Signature _____ Date _____

****RETURN THIS FORM WITH $550 ($50 REGISTRATION FEE PER FAMILY $500 ADVANCE DEPOSIT) REGISTRATION FEE IS NON-REFUNDABLE UNLESS WE ARE UNABLE TO ACCEPT YOUR CHILD DUE TO FULL ENROLLMENT.** REQUESTS FOR $500 REFUND MUST BE MADE BEFORE MAY 1ST. THERE WILL BE NO REFUNDS AFTER MAY 1ST. PLEASE USE REVERSE SIDE OF THIS FORM FOR COMMENTS.