

CIT Registration 2012

Hi-Hills Camp
Summer Day Camp
at Gill St. Bernard's School



PO Box 604 - Gladstone, NJ 07934
Phone: 908-234-0067
Fax: 908-234-0045
Email: hihills@gsbschool.org

CAMPER INFORMATION

Camper Name: _____ Date of Birth: _____ Gender: _____

School: _____ Grade in School (Fall 2012): _____ Years at Hi-Hills (include this year): _____

Please Group With: _____ Referred to Camp by: _____

(NEW CAMPERS ONLY)

How did you hear about Hi-Hills? _____

Please Select Shirt Size: **Youth:** S(6-8) M(10-12) L(14-16) **Adult:** S M L XL

PARENT INFORMATION *(Invoice will be sent to both parents unless otherwise noted)*

Father's Name: _____ Mother's Name: _____

Mailing Address: _____ Mailing Address: _____

City/State/Zip: _____ City/State/Zip: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

If there is a custody order, please provide. _____

EMERGENCY INFORMATION

Physician Name: _____ Phone Number: _____

In the event we cannot be reached please contact:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

TRANSPORTATION

Please provide bus transportation. To and From Camp AM Only PM Only No Transportation

Pickup/Drop-off Address: _____

Nearest Intersection: _____

COMMENTS/REQUESTS/SPECIAL NEEDS

PLEASE SELECT ALL WEEKS OF ATTENDANCE

	1	2	3	4	5	6	7	8
Week	6/25	7/2	7/9	7/16	7/23	7/30	8/6	8/13
Attending								

	8 WEEKS	7 WEEKS	6 WEEKS	5 WEEKS	4 WEEKS
CIT 9 th and 10 th Grade Only	<input type="checkbox"/> \$2000	<input type="checkbox"/> \$ 1750	<input type="checkbox"/> \$ 1500	<input type="checkbox"/> \$ 1250	<input type="checkbox"/> \$ 1000
EXTENDED HOURS					
Before Care 7:30AM-9AM	<input type="checkbox"/> \$480	<input type="checkbox"/> \$420	<input type="checkbox"/> \$360	<input type="checkbox"/> \$300	<input type="checkbox"/> \$240
After Care 4PM-6PM	<input type="checkbox"/> \$600	<input type="checkbox"/> \$525	<input type="checkbox"/> \$450	<input type="checkbox"/> \$375	<input type="checkbox"/> \$300
DISCOUNTS					
SIBLING DISCOUNT	Save 5% on all siblings after first camper				

APPLICANT MUST FILL OUT THE ENCLOSED APPLICATION AND HAVE AN INTERVIEW WITH THE CAMP DIRECTOR. ONLY QUALIFIED CANDIDATES WILL BE ADMITTED TO THE PROGRAM.

- Camp fees include lunch, transportation, camp shirt, snack, beverage daily and insurance.
- You must be registered by June 1 to guarantee transportation availability and bunk requests.
- Deposit of \$500 per child required with registration. **Balance due April 1, 2012.** Campers with outstanding balances prior to starting camp will not be permitted to attend.
- Deposits are refundable until March 1, 2012 except for a \$50 processing fee. Checks returned for insufficient funds will be charged a processing fee. Other refunds will be at the discretion of the Director, payable at the end of the camp season.
- Deposit checks should be made payable to **Hi-Hills Camp at Gill St. Bernard's**. Credit cards accepted: Visa, MasterCard and American Express.
- There is no camp on Wednesday, July 4th, 2012
- If attending the week of July 4th you will be discounted the cost of the day as per our 'pro-rata' schedule
- It is understood that there are no refunds due to illness, absences or withdrawals.
- **Campers will not be permitted to attend camp without a current health history form.**
- Parents hereby grant permission to use photographs and video footage taken at Hi-Hills at Gill St. Bernard's for promotion or display. Consent is granted for transportation to and from any camp activity or program. The camp is not responsible for lost personal property.

By signing below, parent/guardian agrees to the terms listed above.

Parent Signature _____ Date _____

Amount Enclosed: _____ Check # _____

Credit Card #: _____ Exp. Date: _____

Name on Card: _____ Card Type: _____

WE HAVE THE FOLLOWING FRIENDS WHO MIGHT BE INTERESTED IN HI-HILLS. PLEASE SEND INFORMATION TO:

Name: _____ Address: _____

Name: _____ Address: _____