

Hi-Hills Traditional Day Camp and Enrichment Programs

2017 Registration Form:

| Week | 6/12 | 6/19 | 6/26 | 7/3 | 7/10 | 7/17 | 7/24 | 7/31 | 8/7 | 8/14 | 8/21 |
|---------------|------|------|------|-----|------|------|------|------|-----|------|------|
| Camper | | | | | | | | | | | |

Camper Information:

Camper Name: _____ Date of Birth: ___/___/___ Gender: M ___ F ___
 School Attending: _____ Sept. 2017 Grade: _____
 Please Group with (Friend Request): _____
 Referred by: _____ Camp Attended Last Summer: _____

Parent/ Guardian Information:

| | |
|------------------------------------|------------------------------------|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| City: _____ State _____ Zip: _____ | City: _____ State _____ Zip: _____ |
| Home Phone: _____ | Home Phone: _____ |
| Work Phone: _____ | Work Phone: _____ |
| Cell Phone: _____ | Cell Phone: _____ |
| Email: _____ | Email: _____ |

Emergency Contact Information: *(In the event a parent cannot be reached, please list additional contact information):*

| | |
|---------------------|-------------------|
| Name: _____ | Home Phone: _____ |
| Relationship: _____ | Cell Phone: _____ |

Medical Information/ Health History:

| | |
|-----------------------|---------------------|
| Dentist Name: _____ | Phone Number: _____ |
| Physician Name: _____ | Phone Number: _____ |

List any current Allergies or dietary Restrictions _____

List any current or past medical treatment that would affect your child's day at camp: _____

Please provide any information about your child that would make his or her camp experience more enjoyable: _____

List any current medications (prescription and over the counter): _____

Please detail the reasons for the above medications: _____

Medications to be administered at camp must be in the original container accompanied by written and sign instructions from the Doctor on a 'Medication Permission and Physician Instruction' Form.

Immunization: *(Vaccinations are required by the NJ Department of Health prior to Camp Attendance).* Leave no blanks. We require update information each season.

Diphtheria/Tetanus/ Pertussis (DPT): ___/___/___

Inactivated Polio Vaccine (IPV): ___/___/___

*If out of the USA, Tuberculin test required: ___/___/___

Insurance Carrier: _____

If necessary during the camp season, may the Child receive: Tylenol: _____ Benadryl: _____

Measles, Mumps, Rubella (MMR): ___/___/___

Tetanus Booster: ___/___/___

*Results: _____

Group Policy Number: _____

Please provide any information about your child that would make his or her camp experience more enjoyable below: _____

Please refer to page 2 for Hi-Hills Traditional Day Camp and page 3 for Hi-Hills Enrichment Programs. Please complete payment information at the bottom of each page, accordingly.

Dates & Tuition Traditional Day Camp *(Inc. Kinder Camp, Travel Camp & Leaders of Tomorrow):*

Please fill in the bubble(s) that apply to your camper and his/her needs:

(KC)Kinder Camp (PK-K) (DC) Day Camp (1st-6th Grade) (TC) Travel Camp (7th-8th Grade) LOT (9th-10th)

Before Care (7:30am-9:00am) After Care (4:00pm-6:00pm) Transportation*
 AM: PM: Both:

*Transportation requests MUST be submitted at least 1 week prior to attending camp. (Parents must provide booster seat or car seat if required).

Before Care: Add \$75 per week
After Care: Add \$90 per week

Discounts Available:

(Kinder Camp, Day Camp & Travel Camp only)

Sibling Discount:

Save 5 % on all Siblings after the First Camper

New GSB Families:

25% on Traditional Day Camp

Current GSB Families:

20% on Traditional Day Camp

Transportation Discount:

Save \$50 per week by providing your own transportation.

| KC, DC, TT Tuition | | Attending: |
|--------------------|---------|------------|
| 8 Wks. | \$5,800 | |
| 7 Wks. | \$5,600 | |
| 6 Wks. | \$5,400 | |
| 5 Wks. | \$4,700 | |
| 4 Wks. | \$3,800 | |
| 3 Wks. | \$2,900 | |
| 2 Wks. | \$2,000 | |
| 1 Wks. | \$1100 | |
| Wk. 1 | \$475 | |
| Wk. 2 | \$475 | |
| Wk. 9 | \$475 | |

| LOT Tuition | | Attending: |
|-------------|----------------|------------|
| 8 Wks. | \$3,250 | |
| 7 Wks. | \$2,880 | |
| 6 Wks. | \$2,490 | |
| 5 Wks. | \$2,100 | |
| 4 Wks. | \$1,710 | |
| 3 Wks. | \$1,320 | |
| 2 Wks. | \$1100 | |
| 1 Wk. | \$550 | |

| | |
|---------------------------------|----|
| Before Care Total: | \$ |
| After Care Total: | \$ |
| Transportation Discount Request | \$ |

Terms and Conditions:

- Camp fees include lunch, transportation, camp shirt, snack, beverage and insurance. **Initials** _____
- Camp will be closed on July 3rd and July 4th.** **Initials** _____
- You must be registered by **June 1** to guarantee transportation availability and bunk requests. **Initials** _____
- Traditional Camp: A deposit of \$500 per child is required with registration. **Full balance is due at the start of the campers last registered week. Otherwise a Payment Plan must be approved by the office prior to June 1st.** **Initials** _____
- Enrichment Programs: Payment in full must be submitted with registration form. There will be a late fee of \$50 if the enrichment program is not paid in full by the end of the program.** **Initials** _____
- Deposits are refundable until March 1, 2017 except for a \$50 processing fee. Other refunds will be at the discretion of the Director, payable at the end of the camp season. It is understood that there are no refunds due to withdrawals or emergency closings. **Initials** _____
- Deposit checks MUST be made payable to GSB.** Credit cards accepted: Visa, MasterCard, Discover and American Express. Checks returned for insufficient funds will be charged a processing fee. **Initials** _____
- Programs are subject to change. Courses require a minimum of 4 students to be enrolled. Parents will be notified one week prior to the start of the program of a cancellation. **Initials** _____
- Campers will not be permitted to attend any program without a current health history form.** **Initials** _____
- 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.** **Initials** _____
- The camp is not responsible for lost or damaged personal property. **Initials** _____
- Hi-Hills reserves the right to dismiss or suspend any camper whose condition or behavior is deemed unsatisfactory or detrimental to the best interest of camp or campers. **Initials** _____
- In the case of an emergency the camp will attempt to contact the parents/guardians. However, if contact is not made, the camp has permission of the Parents/Guardians to assume full responsibility and make all decisions concerning the camper. **Initials** _____
- By signing below, parent/guardian agrees to the terms listed above and understands that **payment is due in full** one week prior to starting the last registered session of camp. If a credit card is on file it will be charged, unless other arrangements have been made. **Initials** _____

| | |
|--|------------------------|
| Camp Total: | Check: ____ Card: ____ |
| Camp Discount Requests: __ Sibling __ Transportation | Name on Card: |
| Enrichment Program Grand Total: | Check/Card Number: |
| Sub Total: | Exp. Date: |
| Parent Signature: | Security Code: |
| Date: | Card Type: |

Please note: All sibling discounts will be applied sequentially and after all other discounts. Discounts will be deducted from the sub total and applied to your Grand Total, itemized on the invoice. Feel free to call the camp office if you have any questions at 908-234-0067.

2017 HI-HILLS ENRICHMENT/ACADEMIC/SPORTS CAMPS

| SESSION 1 (Week beginning June 12) | |
|------------------------------------|---------------------------|
| Session | Fee |
| | |
| | |
| | |
| Before Care - \$75 Yes [] | After Care - \$90 Yes [] |
| TOTAL FOR WEEK | |

| SESSION 2 (Week beginning June 19) | |
|------------------------------------|---------------------------|
| Session | Fee |
| | |
| | |
| | |
| Before Care - \$75 Yes [] | After Care - \$90 Yes [] |
| TOTAL FOR WEEK | |

| SESSION 3 (Week beginning June 26) | |
|---|---------------------------|
| Session | Fee |
| | |
| | |
| | |
| Before Care - \$75 Yes [] | After Care - \$90 Yes [] |
| Bus Transportation - \$80 (Subject to route availability) Yes [] | |
| TOTAL FOR WEEK | |

| SESSION 4 (Week beginning July 5, Closed July 3 & 4) | |
|---|---------------------------|
| Session | Fee |
| | |
| | |
| | |
| Before Care - \$45 Yes [] | After Care - \$54 Yes [] |
| Bus Transportation - \$48 (Subject to route availability) Yes [] | |
| TOTAL FOR WEEK | |

| SESSION 5 (Week beginning July 10) | |
|---|---------------------------|
| Session | Fee |
| | |
| | |
| | |
| Before Care - \$75 Yes [] | After Care - \$90 Yes [] |
| Bus Transportation - \$80 (Subject to route availability) Yes [] | |
| TOTAL FOR WEEK | |

| SESSION 6 (Week beginning July 17) | |
|---|---------------------------|
| Session | Fee |
| | |
| | |
| | |
| Before Care - \$75 Yes [] | After Care - \$90 Yes [] |
| Bus Transportation - \$80 (Subject to route availability) Yes [] | |
| TOTAL FOR WEEK | |

| SESSION 7 (Week beginning July 24) | |
|---|---------------------------|
| Session | Fee |
| | |
| | |
| | |
| Before Care - \$75 Yes [] | After Care - \$90 Yes [] |
| Bus Transportation - \$80 (Subject to route availability) Yes [] | |
| TOTAL FOR WEEK | |

| SESSION 8 (Week beginning July 31) | |
|---|---------------------------|
| Session | Fee |
| | |
| | |
| | |
| Before Care - \$75 Yes [] | After Care - \$90 Yes [] |
| Bus Transportation - \$80 (Subject to route availability) Yes [] | |
| TOTAL FOR WEEK | |

| SESSION 9 (Week beginning August 7) | |
|---|---------------------------|
| Session | Fee |
| | |
| | |
| | |
| Before Care - \$75 Yes [] | After Care - \$90 Yes [] |
| Bus Transportation - \$80 (Subject to route availability) Yes [] | |
| TOTAL FOR WEEK | |

| SESSION 10 (Week beginning August 14) | |
|---|---------------------------|
| Session | Fee |
| | |
| | |
| | |
| Before Care - \$75 Yes [] | After Care - \$90 Yes [] |
| Bus Transportation - \$80 (Subject to route availability) Yes [] | |
| TOTAL FOR WEEK | |

| SESSION 11 (Week beginning August 21) | |
|---------------------------------------|---------------------------|
| Session | Fee |
| | |
| | |
| | |
| Before Care - \$75 Yes [] | After Care - \$90 Yes [] |
| TOTAL FOR WEEK | |

| TOTALS | |
|---|------------|
| Total of all weeks | \$ |
| Non-refundable application fee (one per family) | + \$ 50.00 |
| Grand total | \$ |