



# CAMP EAGLE HILL

## DAY CAMP Enrollment Application

**EARLY REGISTRATION – UNTIL SEPTEMBER 15, 2018**

**To Enroll:** Please complete both sides of this form. Sign and date the back of this form before returning it. Agreement subject to conditions on reverse side.

### Camper Information

- 1) Camper's Name \_\_\_\_\_  Full Season  Individual Weeks  
 Full Day  Half Day (*Pre-K – 1st Grade Only*)  
 Boy  Girl Date of Birth \_\_\_/\_\_\_/\_\_\_ Present school grade \_\_\_\_\_
- 2) Camper's Name \_\_\_\_\_  Full Season  Individual Weeks  
 Full Day  Half Day (*Pre-K – 1st Grade Only*)  
 Boy  Girl Date of Birth \_\_\_/\_\_\_/\_\_\_ Present school grade \_\_\_\_\_
- 3) Camper's Name \_\_\_\_\_  Full Season  Individual Weeks  
 Full Day  Half Day (*Pre-K – 1st Grade Only*)  
 Boy  Girl Date of Birth \_\_\_/\_\_\_/\_\_\_ Present school grade \_\_\_\_\_

### Camper Address

Camper lives with  Both parents  Mother  Father  Guardian(s)  
 Home Address (Street) \_\_\_\_\_  
 City, State, Zip Code / Country \_\_\_\_\_  
 Home Telephone ( ) \_\_\_\_\_

### Parent Information

**Father's or Guardian's Name** \_\_\_\_\_  
 Business Telephone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
 Email Address \_\_\_\_\_

**Mother's or Guardian's Name** \_\_\_\_\_  
 Business Telephone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
 Email Address \_\_\_\_\_

- Round-trip transportation from a central location on Route 9 in Rhinebeck, NY and in Red Hook, NY will be available at a fee of \$65 per week.  
*(Please check the box if needed)*

### Summer Office

PO Box 12  
 Elizaville, New York 12523  
 Phone (518) 537.4000 • Fax (518) 537.6800

### Winter Office

33 Barclay Road  
 Scarsdale, New York 10583  
 Phone (914) 725.4876 • Fax (914) 725.3311

Director **Jesse Scherer**

Website **www.campeaglehill.com**

Email **summer@campeaglehill.com**

**ACA Accredited**

## 2019 DATES AND RATES

### FULL DAY SESSION (PRE-K – 10TH GRADE)

Monday through Friday 9 a.m. – 5 p.m.

**Full Season** (6/24–8/2) ~~\$9,300~~ \$3,000

**Individual Weeks** \$550 per week

*(Minimum enrollment any two or more weeks below)*

- Week 1 (6/24–6/28)  Week 4 (7/15–7/19)  
 Week 2 (7/1–7/5)  Week 5 (7/22–7/26)  
 Week 3 (7/8–7/12)  Week 6 (7/29–8/2)

### HALF DAY SESSION (PRE-K – 1ST GRADE)

Monday through Friday 9 a.m. – 1:45 p.m.

**Full Season** (6/24–8/2) \$2,100

**Individual Weeks** \$350 per week

*(Minimum enrollment any two or more weeks below)*

- Week 1 (6/24–6/28)  Week 4 (7/15–7/19)  
 Week 2 (7/1–7/5)  Week 5 (7/22–7/26)  
 Week 3 (7/8–7/12)  Week 6 (7/29–8/2)

### Payment Schedule / Credit Card Payments (MasterCard, Visa or American Express)

The undersigned agrees to pay Eagle Hill's tuition by either check or credit card as follows:

- **1st payment: \$550 per camper with Application Form**
- **2nd payment: \$1,100 or balance per camper by March 1st**
- **3rd payment: Balance per camper by June 1st**

Enclosed is the minimum deposit of \$550 per camper. Please enroll the above named camper(s) in the checked session for the 2019 camp season if space is available at the time the application is received.

**Check Enclosed.** (Please make payable to *Camp Eagle Hill*.)

**Charge credit card below in accordance with the camp's payment schedule.** (MasterCard, Visa or American Express)

### Credit Card Information

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

**Sibling Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

**Emergency Information**

Name of emergency contact other than parent(s) \_\_\_\_\_  
Emergency contact's relationship to camper \_\_\_\_\_  
Emergency contact's phone number (        ) \_\_\_\_\_

**Those listed are authorized to pick up my child from camp**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number (        ) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number (        ) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number (        ) \_\_\_\_\_

**TERMS OF ENROLLMENT**

1. Camper tuition includes daily lunch and snacks.
2. I agree to pay \$550 deposit per child with this application form. The balance is due by June 1, 2019. All money received is fully refundable until March 1, 2019 with the exception of a \$100 administrative fee. Cancellations between March 1 and April 15, 2019 are subject to a return of 50% of all money received. There will be no refund of monies received after April 15, 2019. It is understood that no reduction, refund, or allowance will be made for late arrival of camper to camp, or early departure from camp. No reduction can be made for missed days or camper's absence for whatever reason. It is further understood that the Camp reserves the right to dismiss any camper whose condition, conduct, influence, or behavior, is deemed by the Camp to threaten, or be detrimental to, the Camp, its property and/or members of the camp community. Should dismissal of a camper occur, no reduction or return of collected fees, or any part thereof, will be made.
3. The parent or legal guardian enrolling a child at Camp acknowledges that the child is accepted in the camp program subject to a complete examination by a physician and the receipt by the camp of a Camp Medical Form outlining any physical /emotional conditions or limitations, by June 1st.
4. A signature on the Camp's application form grants to Camp Eagle Hill the permission to use any photographs, interviews, video or audio footage or likeness for advertising or other commercial purposes.
5. The camp is not responsible for campers' equipment or personal belongings while in transit or at camp.
6. The parent or legal guardian and enrolled campers agree to abide by all rules and regulations set by the Camp for the health, safety, and welfare of the children and staff at Camp. Such rules and regulations may be provided in publications to camp families or provided to the campers while at camp itself.
7. I give permission for my child to participate in all camp-related activities.
8. It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in Columbia County, NY and shall be construed in accordance with the laws of New York State.
9. In the event of an emergency permission is given to the camp director or medical personnel selected by the camp, to have the child/children enrolled on this form listed below, seen by a physician in a physician's office off the grounds of camp, or at the hospital, when deemed necessary. Permission is further given to a physician selected by the camp director in the event of surgical or medical emergency, to provide hospitalization, secure proper treatment for, and order injections, anesthesia, or surgery for the enrolled child/children named on the front of this application form.

**Please fill in this information below!**

1st Enrolled Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
2nd Enrolled Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
3rd Enrolled Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**I give medical consent to Camp Eagle Hill as per clause nine above. In addition, I have read the above terms and agree to be financially responsible for all fees incurred and agree with all terms of this enrollment agreement.**

Parent's or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_