



# CAMP EAGLE HILL

## Enrollment Application

**EARLY REGISTRATION — UNTIL NOVEMBER 30, 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 \_\_\_\_\_ Session  Full  Session 1  Session 2  
 Boy  Girl Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Present school grade \_\_\_\_\_  
Number of years attending Eagle Hill (including upcoming year) \_\_\_\_\_

2) Camper's Name \_\_\_\_\_ Session  Full  Session 1  Session 2  
 Boy  Girl Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Present school grade \_\_\_\_\_  
Number of years attending Eagle Hill (including upcoming year) \_\_\_\_\_

3) Camper's Name \_\_\_\_\_ Session  Full  Session 1  Session 2  
 Boy  Girl Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Present school grade \_\_\_\_\_  
Number of years attending Eagle Hill (including upcoming year) \_\_\_\_\_

### 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** \_\_\_\_\_  
Employer's Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business Telephone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Email Address \_\_\_\_\_

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

### 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 (MasterCard, American Express or Visa) as follows:

- 1st payment: **\$2,500 with Application Form**
- 2nd payment: **additional \$1,000 by January 1st**
- 3rd payment: **additional \$1,000 by March 1st**
- 4th payment: **Balance by June 1st**

Enclosed is the minimum deposit of \$2,500 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.

### Credit Card Information

Credit Card Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Name on Card \_\_\_\_\_  
Signature \_\_\_\_\_

### 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

	CAMPERS (1st – 4th) Grade	CAMPERS (5th – 9th) Grade	CITs (10th) Grade
<b>FULL SEASON</b> June 26 – August 4	\$8,000	<del>\$9,000</del> \$8,700	<del>\$8,500</del> \$8,200
<b>SESSION 1</b> June 26 – July 23	\$5,250	<del>\$6,000</del> \$5,800	<del>\$5,700</del> \$5,500
<b>SESSION 2</b> July 23 – August 4	\$2,750	<del>\$3,000</del> \$2,800	<del>\$2,800</del> \$2,600

PROMO CODE # \_\_\_\_\_

### TEEN 3 DAY TRIP

**\$500 Boston, Massachusetts**

(Additional Mandatory Fee for Full Season and Session 2 current 7th – 8th graders)

### SENIORS AND CITs 4 DAY TRIP

**\$700 Baltimore, D.C. and Virginia**

(Additional Mandatory Fee for Full Season and Session 2 current 9th – 10th graders)

### VISITING DAY

(For Full Season and Session 1 campers)

**Saturday, July 13**

### INTERNATIONAL CAMPERS Expense Package (Mandatory Fee)

This covers round trip airport transportation, weekly phone calls home, weekly trips spending money, two camp t-shirts, same day laundry service, linen rentals.

See other side for package rates for different age groups and different sessions.

## International Campers Expense Package Rates

	ALL AGES
<b>FULL SEASON</b> (6 weeks)	\$415
<b>SESSION 1</b> (4 weeks)	\$330
<b>SESSION 2</b> (2 weeks)	\$295

*Spending money for all day trips is included.*

**Full Season or Session 2**  
*International campers must bring \$100 for 3 day trip or \$200 for 4 day trip.*

### CEH T-Shirts (for international camper only)

This package includes two t-shirts for each enrolled camper. Please check the size(s) needed for your camper(s):

- Size  Youth Medium  Men's medium  
 Youth Large  Men's large  
 Men's small  Men's x-large

### Sibling Information

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 ( \_\_\_\_\_ ) \_\_\_\_\_

### TERMS OF ENROLLMENT

1. Camper tuition includes round trip transportation from the Metropolitan New York area, (except for airport pick-ups) laundry service, food service, refreshments served in the camp's Canteen, and all camp activities including day trips taken from the camp facility. (all transportation and activity admissions during these trips are covered within camper tuition fees) A Teen 3 day Overnight Trip (for campers having just completed 7th & 8th grades) which takes place during the end of July is not included as part of the tuition. This trip is a mandatory extra expense for those families who will have campers of this age at camp during Session 2 of camp. A Senior/CIT 4 day Overnight Trip (for campers having just completed 9th & 10th grades) which takes place during the end of July is not included as part of the tuition. This trip is a mandatory extra expense for those families who will have campers of this age at camp during Session 2 of camp. The Camp reserves the right to offer other programs or services to families on an individualized basis for an additional fee. If necessary, the Camp will transport campers to and from any of the New York Metropolitan area's airports or from Albany, New York. Transportation to or from any of these airports can be provided for a one-way charge of \$150 or \$300 for round trip transportation.
2. All money received is fully refundable until March 1, 2019. Cancellations between March 1 and April 15th, 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 except where a new camper joins us as described below in clause #3, for late arrival of a camper to camp, or early departure of a camper from camp. 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. For new campers experiencing their first summer at Camp Eagle Hill, there will be a first ten day period of time within which, if for any reason a child should return home, the camp will retain a sum of one half of all money considered by the camp as "payment in full" for the camper's enrolled session. A refund of the balance beyond this amount will be made.
4. The parent or legal guardian enrolling a child at Camp Eagle Hill 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.
5. The Camp is not responsible for campers' equipment or personal belongings while in transit or at camp.
6. A signature on the Camp's application form grants to Camp Eagle Hill the permission to use any photograph, video or audio footage, likeness, or thoughts expressed during a camp sponsored interview in which the enrolled camper may appear, or take part in (regarding an interview). This permission shall extend to the Camp while the enrolled camper is actually at camp, or while the camper is participating in any camp sponsored activity (i.e.: a camp reunion) during the full year preceding or following the camper's actual participation in the camp program at the camp facility. All photographs, video or audio footage, likeness, or thoughts expressed during an interview, may be used on an Internet Website, for advertising, or other commercial purposes.
7. Monetary deposits and tuition balance payments will be credited toward a full tuition fee which is due by June 1st. The Camp reserves the right to charge up to 1.5% interest monthly on any unpaid balances after June 1st.
8. The parent or legal guardian and enrolled camper(s) 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.
9. 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.
10. A signed enrollment form provides the enrolled camper(s) the permission to participate in all camp activities including those that take place off the grounds of camp and require transportation provided by the Camp. Restrictions on certain activity, or prohibitions from inclusion in any activity, need to be noted on camp provided Medical, Confidential Information forms or Activity Permission forms.
11. **PERMISSION IS GIVEN TO THE CAMP DIRECTOR OR MEDICAL PERSONNEL SELECTED BY THE CAMP DIRECTOR, TO HAVE THE CHILD/CHILDREN ENROLLED ON THIS FORM, 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 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 have read the above terms. I am financially responsible for all fees incurred and agree with all terms of this enrollment agreement.**

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