

Transportation Information: Must be completed for bus pick-up.

IF PICK UP & DROP OFF ADDRESS IS DIFFERENT THAN HOME, PLEASE PROVIDE FULL ADDRESS, PHONE NUMBER AND INSTRUCTIONS:

PICK-UP

DROP-OFF

COMPLETE THE MAP BELOW:

Show exact location of house by marking map with an X on correct side of street.

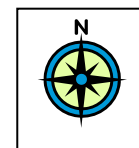
Fill in all streets bordering your house. Show nearest main roads. If one way street, indicate with an arrow which direction. Indicate if your house is on a dead-end street or in a cul-de-sac.

Is your street a busy thoroughfare? _____

We live between these two streets:

_____ and _____

The nearest MAIN road is: _____



IF YOU ARE PLANNING TO PROVIDE YOUR OWN TRANSPORTATION, PLEASE INDICATE THAT HERE. OTHERWISE, ARRANGEMENTS FOR BUS TRANSPORTATION WILL BE MADE.

I will provide my own transportation. AM _____ PM _____ Both _____



Please note: Parental permission is required to release addresses and phone numbers to other parents for parties, play dates, etc.

I give permission to release address ___yes___no phone # ___yes___no

TERMS OF PAYMENT

A deposit of \$600 must accompany this application.

Full payment must be received by April 1, 2012. Checks should be made payable to Mount Tom Day Camp.

We also accept Visa or MasterCard.

Tuition includes hot lunch, snacks, camp photos, T-shirt, transportation (other than Manhattan) and entertainment.

CONDITIONS OF ACCEPTANCE AND ENROLLMENT

1. A Mount Tom medical form must be completed and submitted to us by 5/1/12.
2. The Directors reserve the right to dismiss a camper whose physical condition, mental condition, behavior, personal conduct, or influence on other campers is deemed to be detrimental to the camp atmosphere. Should this occur, the deposit or unused camp fees will not be refunded.
3. The camp is not responsible for the camper's personal belongings or cash. The parent and/or guardian will receive a list of needed items prior to the opening of camp. It is highly recommended that campers do not bring valuable items such as expensive clothing, jewelry, cameras, cell phones, beepers, CD players or video games to camp.
4. Parents and/or guardians will be given a list of Visiting Days and special camp activities to which they are invited prior to the opening of camp. The camp reserves the right to make changes in these dates should circumstances so warrant.
5. Campers, parents and/or guardians agree to abide by camp rules and regulations.
6. It is understood no part of the tuition fee, or deposit, will be refunded after April 1, 2012. If a camper is absent due to illness or accident, as certified by a physician's letter, for 10 consecutive camp days during the camp session, a pro-rated refund will be made for every day thereafter.
7. It is understood that camp days may not be substituted due to illness or any other absence.
8. I give permission for my child to participate in all camp-related activities.
9. I give consent for my child to be taken to and from camp on field trips by means of transportation used by Mount Tom.
10. In the event that I cannot be reached by phone in an emergency, I hereby give permission to my family physician, any local physician or hospital and to Mount Tom to administer emergency treatment to my child.
11. It is understood all photography, videos and interviews taken at camp may be used for promotional/advertising purposes.
12. There is no reduction in tuition fees if transportation is provided by parent or guardian. Please indicate on the application if you will be providing your own transportation.
13. Mount Tom Day Camp is licensed by the New York State Department of Health and inspected twice yearly. Copies of the inspections are kept on file at the County Health Department Office: 145 Huguenot St., 7th Floor, New Rochelle, NY 10801.
14. This contract constitutes the full understanding of the parties hereto and no change, modification or waiver of any of the terms shall be effective unless in writing and signed by both parties.
15. In the event that this agreement is executed by one parent, the signer acknowledges that he/she is also acting as agent of the other parent with authority to enroll the child at camp and to execute this agreement on his or her behalf.
16. I agree any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Westchester County, New York according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state.

Parent or Guardian's Signature _____ Date: _____



Print Name _____