



**2009 RPRY DAY CAMP Registration**  
**Registration for Campers**  
**Entering 2<sup>nd</sup> Grade**  
 2 Harrison St. Edison NJ 08817

For Office Use Only <b>Date:</b> _____ <b>Acct#:</b> _____
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Family Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Family Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Camper First Name	D/O/B	Age	M/F	Grade Sept. 2009	School Attending in Fall	Session #
1.						
2.						
3.						

**GROUP PREFERENCES:** list three campers for each child registered so that your child will have a better chance to have at least one choice in their bunk. Please list the children in order of preference. Campers must be entering the same grade and the request must be mutual. The director has the final decision in all group placements

1. _____	2. _____	3. _____
1. _____	2. _____	3. _____
1. _____	2. _____	3. _____

**PLEASE READ ALL THE CONDITIONS OF ENROLLMENT:**

- ✚ A deductible registration fee of \$275 per child and a completed & signed registration form are required to start the registration process.
- ✚ This registration fee *is* refundable if RPRY Day Camp is notified in writing prior to 05/15/2009
- ✚ There will be no refunds after the 05/15/2009 payment deadline
- ✚ There will be no refunds for absences/days missed.
- ✚ There are **NO REFUNDS/CREDITS** given **AFTER CAMP BEGINS**. Please check your calendar **BEFORE** you register your child(ren)
- ✚ However, in case of Medical Emergency where a child cannot attend camp for the session registered for, a pro-rated refund of no more than two-thirds of the unused camp fees may be refunded, calculated from the date of written notification received from a licensed practicing physician
- ✚ The camp reserves the right to evaluate any child with physical, mental or emotional disabilities as to the ability of the child to acclimate to the camp environment. All fees will be returned on a pro-rated basis if it is deemed the child is not acclimating.



**EARLY BIRD DISCOUNT RATE is \$2000. This rate will be available only if paid in full by March 16. After this date, the regular rate will be \$2200 for FULL SUMMER SESSION (and \$1200 per HALF SUMMER SESSION)**

**Registration Information:**

- ✚ To register, please complete this Day Camp Registration Contract (both sides) and return it signed, along with the \$275 registration fee per child to the camp office.
- ✚ **All Non EARLY BIRD fees must be paid in full by 05/15/2009**

**Registration Information Continued:**

- ✚ The \$275 registration fee will be applied toward the camp fees and is fully refundable **before 05/15/2009**
- ✚ **Discount:** There is a \$100 sibling discount off the regular rate only, for additional campers
- ✚ Please make any changes after registration in writing, via fax (732) 572-3049 or via email to [mbatson@rpry.org](mailto:mbatson@rpry.org), not by phone



**Late Registration Information:** There is a \$50 surcharge to enroll in camp after 05/15/2009 (the surcharge is in addition to the regular camp fees) and requires the camp **fees and surcharge to be paid in full at the time of registration**

**Extended Hours:** We offer extended hours for an additional fee: Monday through Friday 8 – 9 a.m. & Monday through Thursday 4 – 5 p.m. Please see the Early – Late Stay form for more details

**CAMP RATES includes:** All trips, Hot Lunch Daily, All Special Activities, T-Shirt, Swimming & Snacks

**Please Note: CAMP HOURS ARE - 9AM-4PM**



2009 *CAMP RATES* - Note that the registration fee is part of the camp rate

**Please check or circle your session choice**

**FULL SUMMER SESSION**  
**FULL DAYS \$2200 New lower rate!**

**HALF SUMMER SESSIONS I & II**  
**FULL DAYS \$1200**

JUNE 30 - AUGUST 19 (No camp 7/3 & 7/30)

JUNE 30 - JULY 24 (No camp 7/3)

JULY 27 - AUGUST 19 (No camp 7/30)

I (Please print name): \_\_\_\_\_, have read and agree to abide by all of the conditions listed in this registration agreement.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE NOTE:**

- ✚ Your registration will be returned if lacking the following items: **is unsigned, contains no registration fee or full payment, no session is indicated, no DOB, no phone #'s or there is no group preference indicated**
- ✚ One check for deposits/payments accepted for multiple children; do not write a separate check for each camper.
- ✚ Remember to deduct your sibling discount of \$100 for additional campers off the Regular Camp Rate only, no discounts off the Early Bird Rate



Check #: \_\_\_\_\_ Total Amount Paid \$ \_\_\_\_\_ Total Balance Due: \$ \_\_\_\_\_

Please keep a record of your payment(s), balance due, camp sessions, dates and attendance 1/2 or full days etc. Thank you

<p><b><u>CREDIT CARD INFORMATION</u></b> (Subject to a 2.5% Administration Charge)</p> <p>Amount you want to be charged \$ _____</p> <p>Please Print Clearly: Credit Card 3 or 4 digit security code _____</p> <p>Card #: _____</p> <p>Exp. Date: Month and Year ____/____</p> <p>Print Name as it appears on credit card: _____</p> <p>Billing Address: _____</p> <p>Signature: _____</p>
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