



2009 RPRY DAY CAMP Registration

2 Harrison St. Edison NJ 08817

Phone: (732)572-5052 Fax: (732)572-3049

For Office Use Only

Date: _____

Acct#: _____

Family Name: _____ Home Phone: _____

Street Address: _____ City: _____ State/ 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 Entering Sept. 2009	School Attending in Fall	Full or 1/2 Day Camp	. Session # . # of Wks . # of Days	Toilet Trained
1.			M/F					Yes/No
2.			M/F					Yes/No
3.			M/F					Yes/No
4.			M/F					Yes/No
5.			M/F					Yes/No

Group Preferences: list 3 campers for each camper 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 final decision in all group placements.

Camper 1. _____, _____, _____

Camper 2. _____, _____, _____

Camper 3. _____, _____, _____

Camper 4. _____, _____, _____

Camper 5. _____, _____, _____

PLEASE READ ALL OF 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 tuition 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 \$1600. This rate will be available for the **Full Summer Session only**. It must be paid in full by March 16. After this date, the regular camp rates will be in effect

Registration Information:

- To register, please complete this Day Camp Registration (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 completed and paid in full by 05/15/2009
- The registration fee will be applied toward the camp tuition and is fully refundable before 05/15/2009
- Discount:** There is a \$75 sibling discount off the **Regular Camp Rates** for additional campers
- Please make any changes after registration in writing, via fax (732)572-3049 or via email to mbatson@rpry.org, not by phone



Late Registration Information: There is a \$50 surcharge to enroll in camp after 05/15/2009 (this fee is in addition to the regular camp fees) and requires that the camp fee *and* surcharge 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 pm. Please see the Early – Late Stay form for more details

CAMP FEES INCLUDE:

- All trips, Hot Lunch Daily, All Special Activities, T-Shirt, Swimming & Snacks
- All Half-Days include Lunch; Pick-up is After Lunch @ 1:00PM

Please Note: CAMP HOURS ARE - FULL DAYS M-F 9AM-4PM / HALF DAYS M-F 9AM -1PM



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 \$1800 ~ HALF DAYS \$1,225

HALF SUMMER SESSIONS I & II

FULL DAYS \$1060 ~ HALF DAYS \$875

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 form will be returned if lacking the following items: **is unsigned, contains no registration fee or full payment, no session is indicated, no Group Preferences, no DOB or no phone #;**
- Please remember to deduct your sibling discount of \$75 for additional campers, this is not applicable to Early Bird rates
- One check for deposits/payments accepted for multiple campers; do not need to write a separate check for each camper



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>CREDIT CARD INFORMATION (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>
