Rowan University Student Recreation Center Kids Rule Summer Day Camp
2009 Enrollment Form

General Camper Information:

1st Child's Name:_____ _____ Male:_____Female:_____
(Last) (First)

2nd Child's Name:_____ _____ Male:_____Female:_____
(Last) (First)

1st Child DOB:_____ Grade as of 9/15/09:_____ Age as of 6/1/09:_____ Returning Camper: _____ New Camper: _____

2nd Child DOB:_____ Grade as of 9/15/09:_____ Age as of 6/1/09:_____ Returning Camper: _____ New Camper: _____

1st Child T-Shirt Size: (Youth) S M L X or (Adult) S M L XL 2nd Child T-Shirt Size: (Youth) S M L X or (Adult) S M L XL

Parent/Guardian Information:

Mother's Name:_____ Father's Name:_____

Address:_____ Address:_____

City, State, Zip:_____ City, State, Zip:_____

Home Phone Number:_____ Home Phone Number:_____

Work Phone Number:_____ Work Phone Number:_____

Additional Phone Number:_____ Additional Phone Number:_____

Email Address:_____ Email Address:_____

Affiliation: Recreation Center Member _____Yes_____No Rowan Employee____Yes_____No Department_____

Rec Center Membership must be purchased by June 1, 2009 or non-member rate will apply. Membership applications are available online at www.rowan.edu/rec.

In Case of Emergency, Contact (other than Parents/Guardians):

Name:_____ Relation:_____ Phone:_____

Name:_____ Relation:_____ Phone:_____

Please Check Appropriate Enrollment Selections:

Session	Rec Member	Add Sibling	Non-Member	Add Sibling	Before Care per child ($4 daily)	After Care per child ($5 daily)	Total
I. (June 22-26)	$175___	$145___	$195___	$165___	$20___	$25___	_____
II. (June 29-July 3)**	$140___	$105___	$160___	$125___	$16___	$20___	_____
III. (July 6-10)*	$175___	$145___	$195___	$165___	$20___	$25___	_____
IV. (July 13-17)*	$175___	$145___	$195___	$165___	$20___	$25___	_____
V. (July 20-24)	$175___	$145___	$195___	$165___	$20___	$25___	_____
VI. (July 27-31)	$175___	$145___	$195___	$165___	$20___	$25___	_____
VII. (August 3-7)*	$175___	$145___	$195___	$165___	$20___	$25___	_____
VIII. (August 10-14)	$175___	$145___	$195___	$165___	$20___	$25___	_____

*** Field Trip**
****Reduced rate (no camp on Friday, July 3)**

Note: A $25 non-refundable deposit is required for each session to reserve each camper's space. **Remaining balances for sessions I-IV must be received in our office by May 18 and balances for sessions V-VIII must be received by June 12.** A $25 late fee per child per week will be assessed. Medical forms must be completed and received before your child can participate in any camp activity. Payment can be made by cash, credit card, or personal check. Make checks payable to Rowan University. **The camp reserves the right to dismiss a camper if their behavior jeopardizes the safety and well-being of other campers, staff, and administration.** The non-refundable $25 deposit is retained for cancellation requests made four weeks or more prior to the enrolled camp session.
Please review all policies in the Parent's Manual available online. **Parent or guardian signature indicates compliance with regulations**.

_____ _____
Parent/Guardian Signature Date

OFFICE USE ONLY: Initial Deposit Amount_____ **Time/Date Recv'd:**_____

1st Child Group Color:_____ **2nd Child Group Color:**_____ **Employee Initials:**_____

I, II, III, IV	Deposit Amount:	Balance due 5/18:	Payment Date/Type:		
V, VI, VII, VIII	Deposit Amount:	Balance due 6/12:	Payment Date/Type:		