**Rowan University Student Recreation Center Kids Rule Summer Day Camp**
**2008 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 9/1/08:_____ Age as of 6/1/08:_____ Returning Camper: _____ New Camper: _____
2nd Child DOB:_____ Grade as of 9/1/08:_____ Age as of 6/1/08:_____ 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:_____

**Affiliation:** Recreation Center Member _____Yes_____No Rowan Employee____Yes_____No Department_____

## 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 23-27) | $170___ | $140___ | $190___ | $160___ | $20___ | $25___ | _____ |
| II. (June 30-July 3)** | $135___ | $100___ | $155___ | $120___ | $16___ | $20___ | _____ |
| III. (July 7-11)* | $170___ | $140___ | $190___ | $160___ | $20___ | $25___ | _____ |
| IV. (July 14-18) | $170___ | $140___ | $190___ | $160___ | $20___ | $25___ | _____ |
| V. (July 21-25)* | $170___ | $140___ | $190___ | $160___ | $20___ | $25___ | _____ |
| VI. (July 28-Aug 1)* | $170___ | $140___ | $190___ | $160___ | $20___ | $25___ | _____ |
| VII. (August 4-8)* | $170___ | $140___ | $190___ | $160___ | $20___ | $25___ | _____ |
| VIII. (August 11-15) | $170___ | $140___ | $190___ | $160___ | $20___ | $25___ | _____ |

*** Field Trip**
****Reduced rate (no camp on Friday, July 4)**

**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 19 and balances for sessions V-VIII must be received by June 13.** 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. For those utilizing After Care, there will be a charge of $5 per child for each and any portion of 15 minute segments you are late picking up your child. 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 following criteria will be used to determine the amount of money that will be returned to you if a cancellation is requested. This applies to each session in which the child is enrolled.

- Only the non-refundable $25 deposit is retained for cancellation requests made four weeks or more prior to the enrolled camp session.
- A $50 cancellation fee in addition to the non-refundable $25 deposit will be charged for requests made 15 days but less than four weeks prior to the enrolled camp session.
- No refund will be given to any cancellation request made fourteen or fewer days before the camp session begins.

**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 5/19: | Payment Date/Type: | | |
| **V, VI, VII, VIII** | Deposit Amount: | Balance due 6/13: | Payment Date/Type: | | |