

SUMMER DAY CAMP CONTRACT 2021

Camper: _____

Gender: _____ Age as of June 1, 2021: _____ Birthdate: _____ Returning Camper? Yes No

Current School Attending: _____ Grade Entering September 2021: _____

Please place my child with the following camper(s): _____

Parents/Guardian: _____

Home Address: _____ Zip: _____ Home Phone: _____

Email Address (for camp communications): _____

Parent 1/Guardian (please circle) Work Phone: _____ Cell Phone: _____

Parent 2/Guardian (please circle) Work Phone: _____ Cell Phone: _____

Emergency contact: (Name) _____ Relationship _____ Phone: _____

- I hereby enroll the camper named above and agree to ALL terms and conditions outlining the requirements of the Staten Island Academy Summer Program. Enrollment is for the time specified and any additional time may be extended to me if space is available.
- Staten Island Academy reserves the right to dismiss any camper whose behavior is disruptive to the day camp program. In such cases, there will be no refund.
- I grant to Staten Island Academy and to its employees the right to photograph my child and to use these photographs or video recordings for print or electronic publishing.
- A fully completed medical form MUST be on file in the camp office by June 1, 2021. Both the parent section and the physician section must be completed.
- Each application MUST be accompanied by a minimum 50% deposit and appropriate non-refundable registration fee. Applications received after June 1, 2021 require payment in full at time of registration.
- All camp balances must be paid in full by July 6, 2021.
- A late fee of \$50 per month will be charged to each invoice that remains unpaid as of July 1, 2021. In addition, a 20% (APR) finance charge per month will be added to each invoice that remains due as of September 1, 2021.
- Registration for 2021 will not be accepted until ALL prior balances are paid in full. Any family with an outstanding camp balance from a previous season must submit payment in full for the 2021 season at the time of registration.
- Staten Island Academy Day Camp accepts the following methods of payment: Master Card, Visa or checks.
- There is a \$50 returned check fee.
- Additions to the original registration are permitted and will be calculated at the time of the change.
- Changes made to the original registration contract starting June 1, 2021 will be subject to a \$50 change fee.
- All changes or additions made to the registration must be accompanied by full payment.
- A refund (less a \$100 fee) will be offered for all cancellations made before June 1, 2021.
- Cancellations made after June 1, 2021 will be subject to loss of registration fee and assessed a \$25 per day cancellation fee. No refunds will be issued after June 1, 2021.
- Staten Island Academy Day Camp will NO LONGER issue refunds for missed days, including sick days. Absences due to extended illness or injury only, when space permits, will be issued a "make-up voucher". A timely request for a voucher is required and must be accompanied by a doctor's note. All requests must be made by August 13, 2021.
- Cancellations Schedule:
 - Before June 1: Forfeit of \$100 fee
 - June 1 – July 1: Refund less cancellation fee (\$25/day) and registration fee
 - After July 1: Voucher ONLY. Request must be accompanied by a doctor's note.
- Transportation fees must be paid in full before your child's first day of camp. Changes to your child's transportation contract cannot be guaranteed after June 1, 2021. Refunds WILL NOT be issued for deletions or cancellations in transportation. I have read the above statement, and the terms and conditions listed, and agree to all terms indicated.

Parent/Guardian Signature _____ Date _____

Registration Form 2021

Camper Name: _____ Grade Entering: _____

Registration fee per camper: \$50

Please indicate each and every week you are registering your child for camp and/or transportation.

- Please use a check mark to indicate each full week your child will attend.
- For partial weeks, please specify the days your child will be attending with the initials M T W R (Thursday) or F

FOR OFFICE USE ONLY

Total # of days _____

EB _____ Regular _____

Camper Pick-up Authorization: The following people are authorized to pick my child up from camp:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Group	Wk1	Wk2	Wk3	Wk4	Wk5	Wk6	Wk7	Wk8	Wk9
	6/14	6/21	6/28	7/5	7/12	7/19	7/26	8/2	8/9
Giants ½ AM									
Giants ½ PM									
Giants 3									
Giants 4									
Giants 5									
Juniors									
Inters									
Seniors									
Super Seniors									
CITs									
Eng. using LEGO® AM									
Eng. using LEGO® PM									
Bus									

Transportation Details

- AM only Pickup address: Home Other _____
- PM only Dropoff address: Home Other _____
- Roundtrip Pickup address: Home Other _____
- Dropoff address Home Other _____

Parent/Guardian Signature _____ Date _____