

2017 Program Information

NO FURTHER INFORMATION WILL BE SENT.
PLEASE KEEP THIS FOR FUTURE REFERENCE.

Programs:

Day Camp..... 3 - 9 Years
 Explorers 9 & 10 Years
 On The Move (OTM) 11 - 13 Years

Hours:

Camp - Half 9:00 am - 12:00 pm*
 Camp - Full 9:00 am - 3:00 pm
 Extended Care... 7:45 am - 5:30 pm

* 3&4 year olds only

Sessions: Weeks: Dates:

F 8 June 19th - Aug. 11th
 A 4 June 19th - July 14th
 B 4 July 17th - Aug. 11th

Fees are nonrefundable and sessions and days may not be changed.

CAMP FEES

<u>WEEKS</u>	<u>HOURS</u>	<u>DAYS</u>	<u>AGE</u>	<u>DAY CAMP FEE</u>	<u>EXPLORERS FEE</u>	<u>ON THE MOVE FEE</u>
8	Full Day	5	4-13	\$2,475.00	\$2,780.00	\$2,820.00
8	Full Day	3	4-6	\$1,960.00	Not Available	Not Available
8	Half Day	3	3-4	\$1,820.00	Not Available	Not Available
4	Full Day	5	4-13	\$1,670.00	\$1,810.00	\$2,060.00
4	Full Day	3	4-6	\$1,470.00	Not Available	Not Available
4	Half Day	3	3-4	\$1,270.00	Not Available	Not Available

(Sibling Discount – \$50 off each additional child)

Early Registration Discount

8 weeks 5 days + FREE EXTENDED CARE

Day Camp . . . \$2,200.00 Explorers . . . \$2,400.00 OTM . . . \$2,700.00

Extended Care

A daily fee (billed weekly) is charged for any and all time before 8:45 a.m. and after 3:15 p.m.
 \$10.00 per hour/per child

Camp closes promptly at 5:30. There is a dollar per minute per child fee for any time after 5:30. If you anticipate difficulty with our closing time please consider alternative arrangements.

REGISTRATION:

Complete all forms and submit a **non-refundable \$200.00** deposit and a space will be held for you **until April 1st** at which time all balances are due. All registrations after April 1st will be accepted on a first come first serve basis with all fees due upon registration. **All registrations for campers attending part-time are due in full at time of registration.** Current health records due prior to start of camp. **No discounts after April 1st.**



1107 Gully Road, Wall, New Jersey 07753 • 732-681-3483 • Fax 732-681-3502 • Web: summerhillschool.com

2017 Registration Form
Complete Both Sides

Name _____ Male Female
LAST FIRST NICKNAME

Address _____ Town _____ Zip _____

Age _____ Date Of Birth _____ Grade in Sept. _____

Home Phone _____ Years attending Summer Hill Camp _____

Father's Name _____ Occupation _____ Day Phone _____

Mother's Name _____ Occupation _____ Day Phone _____

E-mail _____ Referred By _____

Tee Shirt Size: Youth XS S M L Adult S M L XL

SESSION	DAYS	PROGRAM	ages
F <input type="checkbox"/> June 19 - August 11	<input type="checkbox"/> 5: Mon. - Fri.	<input type="checkbox"/> Day Camp	3 - 9
A <input type="checkbox"/> June 19 - July 14	<input type="checkbox"/> 3: Mon., Wed. Fri. or Tues., Thurs., Fri.	<input type="checkbox"/> Explorers	9 & 10
B <input type="checkbox"/> July 17 - Aug. 11	(Ages 3 - 6 and Siblings only)	<input type="checkbox"/> On The Move	11 - 13

FULL DAY: 9:00 a.m. - 3:00 p.m. **HALF DAY:** 9:00 a.m. - 12:00 p.m. (3 & 4 year olds only)

EXTENDED CARE 7:45 - 5:30 Please complete accurately for staffing & activity planning

Arrival Time _____

Pick-up Time _____ (If not completed will be assigned 9:00 - 3:00)

Camp Fee _____

Extended Care _____

Sibling Discount..... _____

Total Due _____

Deposit _____

Balance Due..... _____

Have you included:

Registration Form (Both Sides)

Permission Slips (Both Sides)

Health Record (Both Sides)

PLEASE READ CAREFULLY AND SIGN

I wish to register my child for the 2017 camp season. I am aware that my child must be potty trained in order to attend camp. I understand that tuition is due in full prior to the start of camp. I understand that any payments received after the start of camp are subject to a late fee charge of \$25.00 per month and any balances on my account due past 60 days will be sent to collections and that I will be responsible for all collection fees. ***I understand that all fees are nonrefundable and I am committed to remaining at Summer Hill for this camp season.***

Signature _____ Date _____

Please Do Not Write Below This Line

Total Due _____

Date	Payment	Check Number	Balance	Communications
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



1107 Gully Road, Wall, New Jersey 07753 • 732-681-3483 • Fax 732-681-3502 • Web: summerhillschool.com

Emergency Information

Camper _____ Home Phone _____

Physician _____ Physician Telephone _____

EMERGENCY NUMBERS (Please List Parents First)

1. Name _____ Relationship _____

Day Phone _____ Cell _____ Other _____

2. Name _____ Relationship _____

Day Phone _____ Cell _____ Other _____

3. Name _____ Relationship _____

Day Phone _____ Cell _____ Other _____

Serious Illness or Surgery _____

Physical Limitations _____

Allergies _____

Medications _____

Behavioral Issues/Concerns _____

In the event of an emergency, while every effort is being made to contact parent, authorization is granted to seek medical treatment on behalf of my child.

Date

Signature, Parent or Guardian



1107 Gully Road, Wall, New Jersey 07753 • 732-681-3483 • Fax 732-681-3502 • Web: summerhillschool.com

Permission Slips
(Please Complete Both Sides)

Transportation

(This portion must be completed for all Summer Hill Students/Campers)

Parents, please sign and date below if you will be the only one transporting your child. If you will be **car pooling** or having **someone other than yourself** or **your spouse** provide transportation (on a regular basis) please fill out the form and sign below.

Name of Child _____

I AUTHORIZE THE FOLLOWING PERSON/PERSONS TO PROVIDE TRANSPORTATION FOR MY CHILD TO AND FROM SUMMER HILL.

1. Name _____ Relationship _____

Phone _____ Make and Color of Car _____

2. Name _____ Relationship _____

Phone _____ Make and Color of Car _____

3. Name _____ Relationship _____

Phone _____ Make and Color of Car _____

4. Name _____ Relationship _____

Phone _____ Make and Color of Car _____

Signature of Parent _____ Date _____



1107 Gully Road, Wall, New Jersey 07753 • 732-681-3483 • Fax 732-681-3502 • Web: summerhillschool.com

Permission Slips
(Please Complete Both Sides)

Off Grounds Release

I give permission for my child _____ to attend nature walks and to utilize other facilities at Shark-River Park as part of the regular Summer Hill program.

Parent Signature _____ **Date** _____

Photograph Release

I give Summer Hill permission to use my child's photograph in any promotional and advertisement materials. (Ex: Brochures, flyers, facebook page & websites)

Parent Signature _____ **Date** _____

Bus Trip Release

(Must be completed for all On The Move Campers and Explorers)
(Recommended for all campers 7 years and older)

On the Move campers will be transported off grounds on a regular basis by First Student Bus Company and accompanied by Summer Hill Staff. Destinations will include but not limited to local bowling alleys, movie theaters, etc.

Occasionally, on days of inclement weather older campers (7 and older) may be included on these local trips with parental permission.

I give permission for my child _____ to accompany Summer Hill on all field trips. I understand First Student Bus Company will provide transportation.

Parent Signature _____ **Date** _____



1107 Gully Road, Wall, New Jersey 07753 • 732-681-3483 • Fax 732-681-3502 • Web: summerhillschool.com

HEALTH RECORD

Child's Name _____ Date of Examination _____

PART I: HISTORY (to be completed by parent or medical staff)

Has the child had any of the following conditions? What year?

Measles _____

Mumps _____

Chicken pox _____

Scarlet fever _____

Whooping cough _____

Poliomyelitis _____

Diphtheria _____

Diabetes _____

Rheumatic fever _____

Hernia _____

Epilepsy _____

Otitis media _____

Heart disease _____

Convulsions _____

Pneumonia _____

Mental Retardation _____

Abnormal development _____

Birth complications _____

Handicaps _____

Allergies _____

Birth Weight _____ Was pregnancy full term? _____

Immunizations (please attach immunization records)



PART II:
RESULTS OF EXAMINATION
(to be completed by physician)

Child's Name _____ Date of Examination _____

Scalp _____ Heart _____

Eyes and Vision _____ Pulse _____

Ears and Hearing _____ Abdomen _____

Nose _____ Genitalia _____

Teeth and mouth _____ Extremities _____

Throat _____ Reflexes _____

Neck _____ Rectum _____

Lymph glands _____ Skin _____

Spine _____ Thorax _____

Lungs _____ Other _____

Height _____ Weight _____

Please indicate any condition which might affect this child in child care or any condition of which the child care staff should be aware:

Recommendations:

The above-named child has been given a routine medical examination and has been found to be free of infectious or contagious diseases.

Signature of physician

Date

Address

RETURN TO:

SUMMER HILL SCHOOL, 1107 GULLY ROAD, WALL, NJ 07753
Phone: 732-681-3483 • Fax: 732-681-3502 • Web: summerhillschool.com