

Winter Address
 C/O Ken Glotzer
 6 Kendall Drive
 New City, New York 10956
 Tel. / Fax (845)638-2515
www.daycampinthepark.com
 E mail: DCITP@aol.com

DAY CAMP IN THE PARK

APPLICATION 2008

NY NJ Westchester
 Summer Tel.#
 (845)351-4781 Camp Office
 (845)351-4782 Fax Number



OFFICIAL USE ONLY	
DEPOSIT	_____
PAYMENT	_____
PAYMENT	_____
PAYMENT	_____
TOTAL	_____

PARENT'S LAST NAME _____

PARENT'S FIRST NAME _____

Parent's E Mail Address _____

Camper's
 First And Last Name

1. _____	<input type="checkbox"/>	Age As Of Sept. 2008	<input type="checkbox"/>	Grade As Of Sept. 2008	<input type="checkbox"/>	Boy	<input type="checkbox"/>	Girl	<input type="checkbox"/>	Full Season	<input type="checkbox"/>	6 Week Season	<input type="checkbox"/>	Weeks 1-4	<input type="checkbox"/>	Weeks 5-8	<input type="checkbox"/>	Weekly Sleepaway Week 3 (additional charge)	<input type="checkbox"/>	3	Mini Travel First 6 Weeks First 4 Weeks (additional charge)	<input type="checkbox"/>	<input type="checkbox"/>	Hot Lunch (additional charge)	<input type="checkbox"/>	Day Camp	<input type="checkbox"/>	C.I.T. Program	<input type="checkbox"/>
2. _____	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	3		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Programs	8 WEEKS	6 WEEKS	WHICH 6 WEEKS (please circle weeks desired)				4 WEEKS (first 4 weeks or second 4 weeks)		
DAY CAMP	\$5395.	\$4995.	1	2	3	4	\$3350.		
C.I.T. PROGRAM	\$4595.	\$4295.	5	6	7	8	\$2895.		
Optional Programs									
Hot Lunch	\$ 360.	\$ 270.					\$ 180.		
Mini Trips (ages 10-15)	(First 6 weeks of camp) Additional fee \$360. (6 Trips)								
	(First 4 weeks of camp) Additional fee \$240. (4 Trips)								
Week Sleepaway Program (ages 9-12)	Week #3 Additional fee \$300.								

Family/Friends Program
\$350. off for 4 weeks
\$700. off for 8 weeks
 Valid Till April 1, 2008

First Day Of Camp Mon. June 30, 2008 **Last Day Of Camp Fri. August 22, 2008**
Second Session Begins Mon. July 28, 2008 **No Camp Friday, July 4, 2008**

A \$500. deposit is to be paid by **November 1, 2007** for each camper with application.
 Deposit refundable until March 14, 2008. No refunds after March 14, 2008 for any reason.

Balance due April 1, 2008

Home Address _____ Apt# _____ Home Phone (____) _____
 _____ Zip _____ Business Phone (____) _____

Camper's Doctor _____ Phone (____) _____ Parent's Cell# (____) _____

Please note any vital medical or personal data _____

I understand that the use of the camp's facilities involves terrain, activities and group arrangements and interactions that may be new to campers, and that they come with risks and uncertainties beyond what they may be used to dealing with at home or at school. I realize that no environment is risk-free, and so I have instructed my child(ren) on the importance of abiding by the camp's rules, and I represent that he or she is familiar with these rules and will obey them. Photographs taken at camp may be used for advertisement purposes.

Date _____ Signature _____ Emergency Phone (____) _____

IMPORTANT- MUST BE COMPLETED FOR BUS PICK UP
 Please show house location. Name all nearby streets and indicate if dead-end or cul-de-sac. Use reverse side for any additional space required.

_____	_____	_____
_____	_____	_____