

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

# DAY CAMP IN THE PARK

## APPLICATION 2010

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 \_\_\_\_\_

Please print your e mail address clearly.

Camper's  
 First And Last Name

1. _____	Age As Of Sept. 2010	Grade As Of Sept. 2010	Boy	Girl	Full Season	6 Week Season	Weeks 1-4	Weeks 5-8	Under The Stars Sleep away Program	Please check which week(s) selected (additional charge)	Mini Travel First 6 Weeks	First 4 Weeks (additional charge)	Hot Lunch (additional charge)	Day Camp	C.I.T. Program
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	wk#2	wk#3	wk#4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	wk#2	wk#3	wk#4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Programs**                      8 WEEKS                      6 WEEKS                      WHICH 6 WEEKS                      4 WEEKS (first 4 weeks or second 4 weeks)

DAY CAMP	\$6025.	\$5625.	(please circle weeks desired)				\$3850.
C.I.T. PROGRAM	\$5200.	\$4900.	1	2	3	4	\$3400.
			5	6	7	8	

### Family/Friends Program

**Optional Programs**  
 Hot Lunch                      \$ 380.                      \$ 280.                      \$ 190.                      **\$400. off for 4 weeks**  
 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)                      **\$700. off for 6 or 8 weeks**  
 Under The Stars Over Night Program weeks 2,3,4 (Wed. & Thurs. night) \$250.00 per session                      **Valid Till April 1, 2010**

**First Day Of Camp Monday. June 28, 2010 (NYC starts Tuesday)      Last Day Of Camp Fri. August 20, 2010**  
**Second Session Begins Mon. July 26, 2010      No Camp Monday, July 5, 2010**

A \$500. deposit is to be paid for each camper with application.  
 Deposit refundable until March 14, 2010. No refunds after March 14, 2010 for any reason.

### Balance due April 1, 2010

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.

_____	_____	_____
_____	_____	_____