



**KENWAL DAY CAMP**  
**100 DREXEL AVENUE**  
**MELVILLE, NY 11747**  
**TEL (631) 694.3399 FAX (631) 694.3841**  
**www.kenwaldaycamp.com**



AGE (as of July 1, 2019) yrs. \_\_\_\_\_ mos. \_\_\_\_\_

M  F

CAMPER'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE (SEPT 2019) \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN & ZIP CODE \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ BUSINESS # \_\_\_\_\_ CELL # \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ BUSINESS # \_\_\_\_\_ CELL # \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ HOME # \_\_\_\_\_ CELL # \_\_\_\_\_

EMAIL \_\_\_\_\_ OPTIONAL: OCCUPATION \_\_\_\_\_

STANDARD CONDITIONS OF ENROLLMENT: Deposit must accompany each application. Balance to be paid by May 1<sup>st</sup>. All deposits are refundable until March 1<sup>st</sup>. Refunds mailed on April 15<sup>th</sup>. Tuition fee includes: transportation, snack, arts & crafts materials, towels and full accident insurance. NO REFUND OF TUITION FOR MISSED DAYS, WITHDRAWAL OR CANCELLATION AFTER APRIL 1<sup>ST</sup>. There will be no makeup days for absences. It is understood that digital imaging taken at/for Kenwal Day Camp may be used for promotional purposes. Parent agrees, their child may be taken to places of recreation / interest without further notice or consent. Parent agrees to abide by the provisions of the Kenwal Day Camp Parent Handbook.

**CHECK EACH AND EVERY WEEK YOUR CAMPER WILL ATTEND:**

WK 1 6/27-7/3 (closed 7/4 & 7/5)  WK 2 7/8-7/12)  WK 3 7/15-7/19  WK 4 7/22-7/26

WK 5 7/29-8/2  WK 6 8/5-8/9  WK 7 8/12-8/16  WK 8 8/19-8/22

IF LESS THAN 5, CHECK DAYS CAMPER WILL ATTEND: MON  TUES  WED  THURS  FRI  MINI DAY 9-1 NURS ONLY

EXTREME TEEN: 8WKS  OR 1<sup>ST</sup> 4 WKS  OR LAST 4 WKS  ATTENDING 4 WKS "EXTREME TEEN" & COMBING WITH TEEN/CIT PROGRAM

TUITION: \$ \_\_\_\_\_

AM CARE:  PM CARE:

EXTREME TEEN TUITION: \$ \_\_\_\_\_

LUNCH: HOT  COLD  VEG  BRING

LUNCH: \$ \_\_\_\_\_

**SHIRT SIZE:** YOUTH  XS  S  M  L

**TOTAL:** \_\_\_\_\_

ADULT  S  M  L  XL  XXL

DEPOSIT: \_\_\_\_\_

**PLEASE SIGN BELOW**

BALANCE: \_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

COMPLETE: MALE  FEMALE  GRADE (SEPT.2019) \_\_\_\_\_ AGE (as of July 1, 2019) yrs. \_\_\_\_\_ mos. \_\_\_\_\_

CAMPER'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ LUNCH: HOT  COLD  VEG  BRING

TOWN \_\_\_\_\_ PARENT'S CELL \_\_\_\_\_ SCHOOL NAME \_\_\_\_\_

**CHECK EACH AND EVERY WEEK YOUR CAMPER WILL ATTEND:**

**IF LESS THAN 5 PLEASE CHECK DAYS BELOW:**

WK1  WK2  WK3  WK4  WK5  WK6  WK7  WK8

MON  TUES  WED  THURS  FRI  MINI DAY 9-1 NURS ONLY

1<sup>ST</sup> TIME KENWAL CAMPER: YES  NO  MAY WE GIVE YOUR NAME FOR PARTIES/PLAY DATES: YES  NO

ALLERGIES/PARENT COMMENTS: \_\_\_\_\_

CAMPER GROUPING: REQUEST (2 ONLY) NOT GUARANTEED, LIST IN ORDER OF PREFERENCE: WE MUST HAVE FIRST & LAST NAME

1. \_\_\_\_\_ 2. \_\_\_\_\_

**TRANSPORTATION INFORMATION: PLEASE COMPLETE**

\_\_\_\_\_  
CAMPER'S LAST NAME FIRST

\_\_\_\_\_  
ADDRESS

NAME OF CLOSEST INTERSECTING STREET:  
\_\_\_\_\_

\_\_\_\_\_  
TOWN & ZIP CODE CELL NO.

**CLOSED: THURSDAY & FRIDAY 7/4-7/5**

**CAMPER MAY ENTER HOME ALONE:**  YES  NO

**NURSERY CAMPERS UNDER 4 YEARS OF AGE WILL NEED A CARSEAT: please check \_\_\_\_\_**

MINI DAY 9-1 NURS ONLY

**IF LESS THAN 5 DAYS PER WEEK PLEASE CHOOSE THE DAYS YOU WANT:**  
MON  TUES  WED  THURS  FRI

**CHECK A BOX FOR EACH WEEK YOUR CAMPER WILL ATTEND:**

- WK1 6/27-7/3 CLOSED THURSDAY & FRIDAY 7/4-7/5**
- WK2 7/8-7/12**
- WK3 7/15-7/19**
- WK4 7/22- 7/26**
- WK5 7/29-8/2**
- WK6 8/5-8/9**
- WK7 8/12-8/16**
- WK8 8/19-8/22**

I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Suffolk County, New York, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state. The arbitrator and not any federal, state or local court or agency shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or violable.

**I have read the enrollment agreement and understand its terms and accept all conditions.**

Parent Signature \_\_\_\_\_