

John Richard Tesone
Director

BREEZEMONT DAY CAMP, INC.

P.O. Box 858, Armonk, NY 10504-0858
www.breezemont.com

ENROLLMENT CONTRACT 2012

PLEASE PRINT OR TYPE THE FOLLOWING

Fed I.D. # 13-3371618

Camp Office Hours
9:00-5:00 Mon-Fri
(914) 273-3162
or 273-3114
Boys & Girls 3 – 14

Last Name		First	Birthdate		Sex
Summer Address		Zip	Winter Address		Zip
Billing Name and Address		School Attending		Camper's Social Security	
				Completing Grade if Nursery, write N	

Tel. Summer	Winter	Alternate Phone or Cell Number		Your E-mail address
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FROM WESTCHESTER AND GREENWICH	FROM BRONX, NEW YORK CITY, STAMFORD, OLD GREENWICH, RIVERSIDE & VICINITIES	ABREEZEIATED PROGRAM (Only for 3 and 4 year old NOT Entering Kindergarten)
<input type="checkbox"/> Full Season June 26 to August 15, 2012. . . \$6950	<input type="checkbox"/> Full Season June 26 to August 15, 2012. . \$7200	<input type="checkbox"/> Full Season June 26 to August 15, 2012. . . \$6175
<input type="checkbox"/> 1st Session June 26 to July 20, 2012 \$4200	<input type="checkbox"/> 1st Session June 26 to July 20, 2012. . . . \$4350	<input type="checkbox"/> 4 Weeks (1 st or 2 nd Session ONLY). \$3750
<input type="checkbox"/> 2nd Session July 23 to August 15, 2012... . \$4200	<input type="checkbox"/> 2nd Session July 23 to August 15, 2012. . \$4350	<input type="checkbox"/> 6 Weeks, please specify dates_____ \$5000
<input type="checkbox"/> 6 Weeks, please specify dates_____ \$5650	<input type="checkbox"/> 6 Weeks, please specify dates_____ \$5850	<input type="checkbox"/> 7 Weeks, please specify dates_____ \$5600
<input type="checkbox"/> 7 Weeks, please specify dates_____ \$6425	<input type="checkbox"/> 7 Weeks, please specify dates_____ \$6600	

• Enclosed is a deposit of \$1500 Date_____ Enclosed is full camp fee \$_____ Date_____

•DEPOSIT IS REQUIRED BEFORE CONTRACT IS PROCESSED.

If Breezemont does not receive camper medical forms signed by doctor and parent, we will use our own discretion in regard to the best course of action or treatment for your child, including emergency treatment if necessary or you cannot be reached.

- My child has permission to leave the camp grounds (e.g. field trips, evacuations, etc)
- A deposit of \$1500 per camper must accompany each enrollment contract, balance due by April 1, 2012. If payment in full has not been made by this date, contract may be subject to cancellation. A charge of \$1500 per child will be made for each camper who drops out after June 26th, plus a charge of \$300 per day that the camper was enrolled. Should your child drop out of camp prior to March 1, 2012, all but \$750 per child will be refunded. If you cancel after March 1, 2012, NONE of your \$1500 deposit will be refunded. Those campers signing for the initial 4, 6, or 7 week period will pay the difference in rate should their stay be extended.
- FOR THE 2012 SEASON, CAMP BEGINS ON TUESDAY, JUNE 26, AND ENDS WEDNESDAY, AUGUST 15. EACH WEEK BEGINS ON A MONDAY, WITH THE EXCEPTION OF WEEK #1
- **THERE IS NO CAMP ON THE LEGAL OBSERVANCE OF THE FOURTH OF JULY.**
- BREEZEMONT TRANSPORTS CAMPERS TO AND FROM ONE LOCALE BY SCHOOL BUS, MINI-BUS OR CAR, AT THE DISCRETION OF THE TRANSPORTATION DIRECTOR.
- AT THE DISCRETION OF THE CAMP DIRECTOR, SOME GROUPS ARE COMBINED GRADES.
- I GIVE PERMISSION FOR PICTURES OF MY CHILD TO BE DISPLAYED ON THE CAMP WEBSITE.
- ALL ENROLLMENT CHANGES MUST BE MADE IN WRITING BY MARCH 1. ANY WEEKS SUBTRACTED AFTER MARCH 1 WILL NOT BE REFUNDED.
- BREEZEMONT WILL SEND OUT INFORMATION REGARDING VISITING POLICIES DURING THE OFF SEASON. PLEASE MAKE YOUR VISITING PLANS ACCORDINGLY. SIGN THIS ENROLLMENT CONTRACT WITH THE UNDERSTANDING THAT FOR THE SAFETY AND ORGANIZATION OF THE CAMP, WE REQUIRE ALL TO ADHERE TO OUR VISITING POLICY.
- IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO MAKE THE CAMP AWARE OF ANY SPECIAL CIRCUMSTANCES REGARDING YOUR CHILD.
- Medical Insurance: In the event your child requires surgical or medical treatment, hospital confinement, or the service of a trained nurse, medical insurance will be available up to \$1000 per accident only. There is a \$250 limitation for dental expenses to natural teeth due to accident. This coverage is supplied to all campers, and price is included in the tuition.
- Camp will provide transportation to and from camp (transportation is subject to change the second session), a mid-day meal, afternoon snack, camp bag, camp T-shirt, and medical insurance. Please do not request a particular mode of transportation. Final arrangements are at the director's discretion, and are based on your locale and the number of campers registered from your area. There is no PM transportation for campers registered for the **ABREEZEIATED** day.
- **I HEREBY SIGN BELOW IN ACKNOWLEDGMENT THAT I HAVE READ THE ABOVE TERMS, AS WELL AS ANY FUTURE CORRESPONDENCE, AND THAT MY CHILD HAS PERMISSION TO PARTICIPATE IN ALL CAMP/GROUP ACTIVITIES.**

Signature of parent or guardian	Print: Father's name	Mother's name
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Business Address: Father's	Business Phone: Father's
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Business Address: Mother's	Business Phone: Mother's
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