



**SUMMER:**

182 Hilltop Road  
Monticello, NY 12701  
Phone: (845) 794-7620  
Fax: (845) 791-4738

2010

**WINTER:**

633 Saw Mill River Rd.  
Ardsley, NY 10502  
Phone: (914) 479-0435  
Fax: (914) 693-7678

**Camper's Name:** \_\_\_\_\_  
*Last, First, Middle*

**Permanent Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Age as of June 30, 2010:** \_\_\_\_\_ **Grade your child is completing in June:** \_\_\_\_\_

**Summer Address:** \_\_\_\_\_ **Male**  **Female**

**Summer Telephone Number:** \_\_\_\_\_ **T-shirt Size:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Prior Years at Winston Day Camp:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Mother's Name:** \_\_\_\_\_

**Cellular Phone:** \_\_\_\_\_ **Cellular Phone:** \_\_\_\_\_

*Please enroll my child in the following session:*

<u>Tuition</u>		<u>Transportation</u>	
8 weeks- \$1575	<input type="checkbox"/>	6-8 weeks - \$350	<input type="checkbox"/>
7 weeks- \$1425	<input type="checkbox"/>	5 weeks - \$225	<input type="checkbox"/>
6 weeks- \$1275	<input type="checkbox"/>	2-4 weeks - \$175	<input type="checkbox"/>
5 weeks- \$1125	<input type="checkbox"/>		
4 weeks - \$975	<input type="checkbox"/>		
3 weeks- \$875	<input type="checkbox"/>		
2 weeks -\$600	<input type="checkbox"/>		

(Please include dates attending \_\_\_\_\_)

**Please mail to winter office: 633 Saw Mill River Road, Ardsley, NY 10502**

For office use only: Bunk \_\_\_\_\_ Bus \_\_\_\_\_

## Winston Day Camp

I hereby contract with Winston Day Camp, Inc. to pay the sum of \_\_\_\_\_ for the 2010 camping season. Said fee is payable as follows: \$300 upon signing of the contract; \$500 due by February 1, 2010 and balance due by June 1, 2010. Camp reserves the right to dismiss a camper whose conduct is unsatisfactory and detrimental to the best interests of the camp without a fee rebate. Said fee is non-refundable in the event of early departure from Camp as chosen by the camp or by the parents. Said fee includes tuition, hot lunch, T-shirt, group photo and mid-day snack. The camp may use pictures or video of the camper in promotional or advertising items regarding Winston Day Camp. If, in the judgment of the camp, it is necessary to use outside medical or dental aid for the camper's health and welfare, this gives the authorization to do so. This gives permission for the camper to attend any age-appropriate trips including, but not limited to: Kelder's Farm, Forestburgh Playhouse, rafting on the Delaware, Splashdown Beach Water Park, Valley Cone, intercamp games at local camps, Mountain Creek Water Park, nature hiking at Neversink Gorge or Stone Arch Bridge, or bowling at local bowling alley. Parents will be notified in advance of any trips through the camp newsletter, calendar, or a letter home. Winston Day Camp is licensed by The New York State Department of Health which inspects the Camp at least twice yearly. Copies of these reports are available at the Health Department office in Monticello, New York.

I HEREWITH ENCLOSE THE REGISTRATION FEE OF \$300 to be credited to my account. Said fees are refundable by June 1, 2010.

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**Signature of Parent or Guardian**

**Date**

**Accepted By:**

\_\_\_\_\_  
**Winston Day Camp**

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Credit Card Authorization:

Please charge \$\_\_\_\_\_ to my  Master Card  Visa  Discover Card  American Express

Card Number : \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholders Name ( Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_

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