



2016 Enrollment Application

**The 2016 Camp Season Runs from
Monday, June 27th - Friday, August 19th
Camp will be closed Monday, July 4th for Independence Day**

Child's Name	Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female
Winter Address	Birthdate Age Sept. '16
.....	Stepping Stones: <input type="checkbox"/> 3 Years Old <input type="checkbox"/> 4 Years Old
Winter Phone	School
Parent's Name	Parent's Name
Parent's Work #	Parent's Work #
Parent's Cell #	Parent's Cell #
Parent's Email	Parent's Email

TRANSPORTATION *(Included in Tuition, minimum of 3 week enrollment required)*

- No, I will not be taking advantage of SCC's bus transportation, I will be dropping off and picking up my camper daily
- Yes, my camper will be taking advantage of SCC's bus transportation.

Transportation (Summer) Address:
 Transportation subject to availability for all enrollments received after May 30th, 2016.

Terms Of Agreement

- (1) TUITION INCLUDES ALL CAMP ACTIVITIES, A T-SHIRT, A DAILY LUNCH, and TOTE BAG.
- (2) The required deposit shall be paid at time of registration and the full balance shall be paid by May 1st, 2016.
- (3) Due to the seasonal nature of summer camping and the set limitation of spaces offered, no refund shall be provided for absences, changes, withdrawals, or dismissal for cause.
- (4) For the safety and general welfare of all campers, the Camp reserves the unrestricted right to dismiss a camper whose conduct or influence, in the opinion of the director, is inimical to the best interests of the Camp.
- (5) Permission is hereby granted for photographs to be taken of the camper and the Camp has the right to utilize these photographs in camp brochures, on our website and in promotional material.
- (6) Permission is hereby granted to the Camp to take the child on trips outside camp as part of the regular camp program.
- (7) This contract constitutes the full understanding of the parties hereto and no change, modification or waiver of any of the terms shall be effective unless in writing and signed by both parties.
- (8) It is agreed that the venue and place of trial of any dispute that may arise out of this Agreement or otherwise, to which Southampton Camp & Club, or its agents, is a party shall be in Nassau County, New York.

Medical Permission Statement (Must be completed before your child can be admitted to camp)

I hereby give Southampton Camp & Club permission to take my child to any hospital facility or outside doctor when deemed necessary. Furthermore, I hereby give permission to such hospital or outside doctor to authorize x-rays and emergency treatment if deemed necessary. I understand that all medical bills for service rendered by anyone other than the camp's medical staff are my responsibility.

I hereby give permission for my child to use the sunscreen s/he has brought or the camp has supplied, which is approved by the FDA for over the counter use to avoid overexposure to the sun. Our child may be assisted by unlicensed camp staff if I or s/he requests.

I have read the Terms Of Agreement and the Medical Permission Statement above and understand its terms and accept it's conditions. In the event that this Agreement is executed by one parent, I acknowledge that I am also acting as the agent of the other parent with authority to so enroll my child at Southampton Camp & Club and to execute this Agreement on his or her behalf. I recognize that the Camp relies upon the representations herein made in accepting this enrollment.

Parent's Signature

Date

Please enroll my child for the 2016 Season in the Program(s) selected below:

2016 CAMP SEASON		Standard Tuition
<input type="checkbox"/>	8 Weeks 6/27 - 8/19	\$7,975
<input type="checkbox"/>	7 Weeks Circle Weeks: 1 2 3 4 5 6 7 8	\$7,575
<input type="checkbox"/>	6 Weeks Circle Weeks: 1 2 3 4 5 6 7 8	\$7,275
<input type="checkbox"/>	5 Weeks Circle Weeks: 1 2 3 4 5 6 7 8	\$6,575
<input type="checkbox"/>	4 Weeks Circle Weeks: 1 2 3 4 5 6 7 8	\$5,575
<input type="checkbox"/>	3 Weeks Circle Weeks: 1 2 3 4 5 6 7 8	\$4,275
<input type="checkbox"/>	2 Weeks Circle Weeks: 1 2 3 4 5 6 7 8	\$2,925
<input type="checkbox"/>	Weekly Circle Weeks: 1 2 3 4 5 6 7 8	\$1,475

WEEKS

- 3:** July 11 - July 15 **6:** Aug 1 - Aug 5
1: June 27 - July 1 **4:** July 18 - July 22 **7:** Aug 8 - Aug 12
2: July 5 - July 8 **5:** July 25 - July 29 **8:** Aug 15 - Aug 19

- 5% Mini-Day Credit** I would like to enroll my child in the **3 Year Old Mini-Day Program**, ending daily at 1:00pm. Camp DOES NOT provide transportation home at 1:00pm.
- 5% Sibling Credit** for every additional sibling enrolled after the first child.

Payment Information:
\$1,600 + \$50/week deposit due on enrollment.
 Balance is due IN FULL May 1st, 2016.

2016 POST-CAMP		Standard Tuition
1 Week	<input type="checkbox"/> 1st Week: 8/22 - 8/26 <input type="checkbox"/> 2nd Week: 8/29 - 9/2	\$1,375
2 Weeks	<input type="checkbox"/> 8/22 - 9/2	\$2,650

- 10% Enrollment Credit** for those enrolled for 2 Weeks Post-Camp when enrolled for 8 weeks of the traditional camp season at SCC.
- 5% Mini-Day Credit** I would like to enroll my child in the 3 Year Old Mini-Day Program, ending daily at 1:00pm. Camp DOES NOT provide transportation home at 1:00pm.
- 5% Sibling Credit** for every additional sibling enrolled after the first child.

Payment Information: \$500 deposit due on enrollment. Balance is due IN FULL July 31st, 2016.
 Post-Camp Deposit and all Post-Camp Payments are fully refundable through July 31st, 2016.

Choose a Payment Method:

<input type="checkbox"/> Check Enclosed Check Number..... Payment Amount	
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover Payment Amount Card Number Expiration Date Cardholder's Name Billing Address Cardholder's Signature City, State, Zip <p align="right"><input type="checkbox"/> Charge this Credit Card for the monthly Auto Pay Billing Option</p>	
<input type="checkbox"/> eCheck 1% Tuition Credit for each eCheck Payment Payment Amount Account Number Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking Routing Number Billing Address Account Holder's Name City, State, Zip <p align="right"><input type="checkbox"/> Debit this eCheck account for the monthly Auto Pay Billing Option</p>	

There are no refunds for absences, changes, withdrawal or terminations. Deposit is fully refundable through February 29th, 2016 (or 30 days after enrollment, whichever is later), less a \$250 Administrative Fee. The \$250 Administrative Fee is also fully refundable within 30 days of enrollment. All payments above deposit are fully refundable through May 1st, 2016. All enrollments received after May 1st, 2016 are final and non-refundable. *Extensions* made after the first day of camp will be billed at 10% over the non-discounted rate.



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