



2009 CAMPER APPLICATION EBNER CAMPS BOULDER RIDGE DAY CAMP

Return completed application w/ deposit to:
Boulder Ridge Day Camp
104 Goose Green Road
Barkhamsted, CT 06063
(860) 379-6500

I hereby apply to register and enroll my child(ren) in Boulder Ridge Day Camp based upon the following information:

C A M P E R O N E	<p>Camper One: Child's name: _____ Date of Birth: _____ <small>first (nickname, if any) last</small> ___ M ___ F Grade completed June 2009: ___ Has the child ever attended camp? ___ If yes, where? _____</p> <p>Special Interests: _____</p> <p>Sessions Attending: ___ 6/29 – 7/10 ___ 7/13 – 7/24 ___ 7/27 – 8/7 ___ 8/10 – 8/21</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><u>BRDC Meal Plan</u> ___ Please provide lunch to my child for \$60 per 2 weeks</td> <td style="width: 33%; border: none;"><u>Before & After Care</u> ___ Before Care (\$60/session) ___ After Care (\$60/session) ___ Before & After Care (\$100/session)</td> <td style="width: 33%; border: none;"><u>Camper T-Shirt Size</u> ___ YS (6-8) ___ AS ___ YM (10-12) ___ AM ___ YL (14-16) ___ AL</td> </tr> </table>	<u>BRDC Meal Plan</u> ___ Please provide lunch to my child for \$60 per 2 weeks	<u>Before & After Care</u> ___ Before Care (\$60/session) ___ After Care (\$60/session) ___ Before & After Care (\$100/session)	<u>Camper T-Shirt Size</u> ___ YS (6-8) ___ AS ___ YM (10-12) ___ AM ___ YL (14-16) ___ AL
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C A M P E R T W O	<p>Camper Two: Child's name: _____ Date of Birth: _____ <small>first (nickname, if any) last</small> ___ M ___ F Grade completed June 2009: ___ Has the child ever attended camp? ___ If yes, where? _____</p> <p>Special Interests: _____</p> <p>Sessions Attending: ___ 6/29 – 7/10 ___ 7/13 – 7/24 ___ 7/27 – 8/7 ___ 8/10 – 8/21</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><u>BRDC Meal Plan</u> ___ Please provide lunch to my child for \$60 per 2 weeks</td> <td style="width: 33%; border: none;"><u>Before & After Care</u> ___ Before Care (\$60/session) ___ After Care (\$60/session) ___ Before & After Care (\$100/session)</td> <td style="width: 33%; border: none;"><u>Camper T-Shirt Size</u> ___ YS (6-8) ___ AS ___ YM (10-12) ___ AM ___ YL (14-16) ___ AL</td> </tr> </table>	<u>BRDC Meal Plan</u> ___ Please provide lunch to my child for \$60 per 2 weeks	<u>Before & After Care</u> ___ Before Care (\$60/session) ___ After Care (\$60/session) ___ Before & After Care (\$100/session)	<u>Camper T-Shirt Size</u> ___ YS (6-8) ___ AS ___ YM (10-12) ___ AM ___ YL (14-16) ___ AL
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FAMILY DATA

Adult #1

Adult #2

Name in full		
Relationship to camper		
Home address (Street or P.O. Box)		
(City, State, Zip Code)		
Home Telephone (w/ area code)		
Occupation and Title		
Business Phone		
Mobile Telephone		
E-mail Address (Check preferred mailing address)	[]	[]

Are there any family issues the camp administration and staff need to be aware of (i.e. parent deceased, restraining orders, etc.)?

If family is separated, who has custody? _____

2009 RATES	<u>Standard Rates</u> <small>(per camper)</small>	<u>Deposit Due (per camper)</u> <small>with application</small>
2 Weeks	\$660	\$150
4 Weeks	\$1,275	\$300
6 Weeks	\$1,840	\$450
8 Weeks	\$2,360	\$600

Sibling Discount
Save \$30 off per 2 week session for each additional child in one family (household).

Barkhamsted Residents
receive an additional \$25.00 discount per camper!

PLEASE TURN OVER TO COMPLETE AND SIGN APPLICATION

We initially learned of Boulder Ridge Day Camp through _____

Transportation Request

AM Bus: Color _____ Stop # _____ **OR** ___ No Bus Needed
PM Bus: Color _____ Stop # _____ **OR** ___ No Bus Needed

Emergency Contact Information (in addition to parents)

Name: _____ Relationship to Camper: _____ Home #: _____ Work/Cell: _____

GROUP ASSIGNMENT REQUESTS

You may request up to 3 other campers to be in your child's group. Campers are grouped by age and/or grade and groups assignment requests must be mutual by all parties. While we can not guarantee group requests, we will do our best to accommodate all requests.

Camper One: 1. _____ 2. _____ 3. _____

Camper Two: 1. _____ 2. _____ 3. _____

PICK UP AUTHORIZATION

The following people are authorized to pick up my child (PLEASE DO NOT INCLUDE PARENT INFORMATION BELOW).

Name: _____ Home #: _____ Work #: _____ Cell #: _____

Name: _____ Home #: _____ Work #: _____ Cell #: _____

TERMS OF ENROLLMENT

- Camp opens June 29, 2009 and closes August 21, 2009. Camp sessions run Monday to Friday only, 9am to 4pm.
- Camp tuition includes all regular, daily on-camp activities, centralized pickup bus transportation and one camp T-shirt. They do not include special out of camp trips, lunches, overnights, or evening BBQs. Additional fees may apply for the camp meal plan or special off-camp trips.
- Changing or adding sessions once you have registered is possible as long as there is space available for your child. The rates in place at the time which you originally enrolled the individual camper will apply to all sessions. Please call the camp office with any change requests.
- For the safety and wellness of all campers, BRDC reserves the unrestricted right to dismiss a campers whose conduct or influence, in the opinion of the Director, is detrimental to the best interests of the camp or other campers. There are no refunds if a camper is dismissed for this reason.
- No substitutions or refunds for days or weeks missed due to camper illness or absence.
- The changing of bus pick-up and/or drop-off locations is subject to availability.

Cancellation/Refund Policy

If you wish to cancel your camper's enrollment, we must receive written confirmation from you before it can be processed. \$75 per 2 week session of each camper's deposit is non-refundable. Remaining deposit will be refunded if cancellation occurs on or before April 30, 2009. Starting May 1, 2009, the entire deposit is non-refundable. Non-arrival of camper(s) on opening day of any session without prior notification of at least one week will result in a 100% forfeiture of tuition (forfeiture of \$75.00 if attending other sessions). Children who are unable to attend due to an accident or illness resulting from him/her being at camp will be refunded any camp tuition that is not used. A physician's note and the camp Director's approval must be received in writing. If a child is injured or becomes ill and cannot attend camp, the deposit and tuition, less the \$75 per 2 week session processing fee, will be refunded if we are notified in writing (including physician's statement) before the first day of the session. If transportation information is not provided on this form, a space on your preferred bus is only guaranteed if the bus sign-up form is returned by the specified date. If the bus sign-up form is not returned by the specified date you will be given a choice of the remaining available bus routes with no refund of tuition.

Financial Considerations

- A reservation deposit of \$150 per 2 week session PER CHILD is required with the application. Deposits will be deducted from the final balance, which is due before June 1, 2009.
- Campers enrolled on or before February 28, 2009 are eligible for early registration rates as indicated on page one of this application.
- Final payments are due not later than June 1, 2009. By signing the application for enrollment, I agree to pay the balance of camp fees by this due date. If you wish to arrange a payment schedule please call the office.
- **Payment Methods:** Credit card charges are subject to a convenience fee. **No personal checks are accepted after June 15, 2009.**

Medical Considerations

BRDC will call all parents if a camper becomes ill or gets injured while at camp. In the case of an emergency, all campers will be transported to the hospital by the local emergency services. In all other cases, the parents will be required to pick up the camper. BRDC will dispense over the counter medications as indicated on the medical form. We will also, with proper medical authorization, administer prescription medications. All campers must have a medical form, including a physical examination within 36 months of camp, on file with our medical director. **STATE LAW PROHIBITS CAMPERS FROM ATTENDING CAMP WITHOUT A CURRENT MEDICAL FORM.**

I have read the camp enrollment terms above and agree to their conditions.

Parent or Guardian Signature: _____ **Date:** _____

PERMISSION SLIP – RELEASE OF LIABILITY

I, _____, the parent/guardian of _____, understand that Ebner Camps Inc. ("ECI") d.b.a. Boulder Ridge Day Camp ("BRDC") is an organization which makes its facilities, programs, and activities available to persons only on the condition that they agree to assume complete responsibility for any injury or damage. I acknowledge that BRDC's programs, activities and off-site trips may involve risk, and assume those risks for my child. I give permission for my child to participate in all off-site trips. Further, in consideration, of acceptance of my child into BRDC's camp and or its sponsored program, and activities, I release and hold harmless Boulder Village Properties LLC, Boulder Ridge Day Camp, Ebner Camps, Inc., its officers, directors, employees and staff from any claims or damage or loss (including but not limited to physical injury and property damage) that may occur as a result of my child's participation in any BRDC sponsored program, activity or off-site trip. I hereby give the forgoing release on behalf of myself, my child, and all family members of either of us, and confirm that I authorize to do so. I understand that BRDC does not carry medical/accident insurance on campers, and that I am responsible for any charges for medical treatment, property damage, or acquiring my own insurance. I acknowledge that participation in BRDC sponsored activities is conditional upon compliance with all applicable rules and policies established by BRDC. I further acknowledge that BRDC sponsored activities and participants may be photographed, filmed, or videotaped from time to time, and hereby consent to use my child's picture and likeness for BRDC related promotional purpose without further consideration.

Parent or Guardian Signature: _____ **Date:** _____

(SIGNATURE REQUIRED)

Please be sure to sign both lines