## DISCOUNTED TUITION RATES VALID UNTIL 10/31/18. TUITION WILL INCREASE AS OF 11/1/18.

CAMPER'S NAME	GENDER	MR/MRS/MS (PARENT 1 NAME)
HOME ADDRESS		WORK PHONE
TOWN	ZIPCODE	CELL PHONE
HOME PHONE NUMBER		EMAIL ADDRESS
DATE OF BIRTH (mm/dd/yy) AGE AS OF 6/19 GI	RADE AS OF 9/19	MR/MRS/MS (PARENT 2 NAME)
EMERGENCY CONTACT NAME (OTHER THAN PARENT)	RELATIONSHIP	WORK PHONE
EMERGENCY PHONE		CELL PHONE
		EMAIL ADDRESS

## Enroll By 10/31/18 And Save an Additional \$200!

## **Circle Rate and Check Boxes Below As Needed**

PROGRAM Grade as of September 2019	8 Weeks	6 Weeks CIRCLE 6 0F 8 1 2 3 4 5 6 7 8	4 Weeks FIRST 4 SECOND 4
Grades Pre-K, K	\$6495 \$6 <del>9</del> 95	\$5795 \$ <del>629</del> 5	\$4795 \$ <del>529</del> 5
Grades 1, 2, 3, 4, 5	\$6795 \$7 <del>29</del> 5	\$6095 \$6 <del>5</del> 95	\$5095 \$ <del>559</del> 5
Grades 6, 7 – Pre-Teen Travel	\$7395 \$7 <del>89</del> 5	\$6595* _\$7 <del>095</del>	\$5695* \$6 <del>19</del> 5
Grades 8, 9 – Teen Travel	\$8495 \$ <del>89</del> 95	\$7495* _\$7 <del>99</del> 5	\$6495* \$6 <del>99</del> 5
CIT - Grade 10 as of 9/19	\$3195 \$3695	Not Available	Not Available
Mini Week: (Pre-K & K) CIRCLE 3  MON TUE WED THU FRI	\$5595 \$6 <del>09</del> 5	\$5195 <u>\$569</u> 5	\$4595 \$50 <del>95</del>
Mini Week: (Grades 1 - 5) CIRCLE 3  MON TUE WED THU FRI	<b>\$5895</b> \$ <del>63</del> 95	\$5495 \$ <del>59</del> 95	\$4895 \$ <del>53</del> 95

Extensions made after the first day of camp will be billed at the prevailing rate at the time of extension. \*Rate may vary depending on chosen weeks.

Tuition includes transportation, all activities, lunch, one camp shirt, camp bag, snacks, and towel service.

## REFUNDABLE DEPOSIT OF \$895 REQUIRED FOR REGISTRATION

	FOR OFFICE USE ONLY	
DATE:	DATE:	
DEPOSIT AMT:	PAYMENT AMT:	
NOTES:		

2019 CAMP DATES
June 27th-Aug 22nd

Camp Dates May Be Subject To Change
Camp Will Be Closed July 4th & 5th

Please indicate preference for one MUTUAL grouping placement: Final placement is made at the discretion of the directors. We will the control of the directors of the directors.	try to honor your positive requests.	
Please indicate what school the camper will attend September 20	19:	
Please indicate the number of summers the camper has attended	Driftwood Day Camp:	
If a new camper, please indicate what camp your child went to pre	eviously:	
TERMS OF AGREEMENT:	After May 15, 2019 open balances will result in tuition adjustment for	
1. A REFUNDABLE DEPOSIT OF \$895 IS REQUIRED FOR REGISTRATION	the current rate at that time. Overdue balances after May 15, 2019 will be assessed at 1-1/2 % per month late fee on the unpaid por-	
2. PAYMENT IN FULL IS DUE BY MAY 15 OF THE CAMP SESSION YEAR.	tion unless prior arrangements have been made with the office. A	
3. THE CAMP RESERVES THE RIGHT TO DISMISS ANY CAMPER WHOSE BEHAVIOR REPRESENTS A DANGER TO THE CAMP OR CAMPERS.	\$100 processing fee will be deducted for withdrawals. In the ever that your child loses more than 7 consecutive camp days becau of medical reasons, a tuition refund will be made for each day to	
4. PERMISSION IS GRANTED TO TAKE AND USE PHOTOGRAPHS FOR OUR WEBSITE OR FOR PUBLICITY PURPOSES.	AFTER the 7-day deductible period. A physician's note is required in order to receive the medical tuition refund. <b>There will be no refund for any other reason.</b>	
5. PERMISSION IS GRANTED FOR ANY DAY TRIPS THAT ARE PART OF THE CAMP PROGRAM.	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 Nassau County, New York, according to the then	
6. IN THE EVENT PARENTS CANNOT BE CONTACTED PERMISSION IS GRANTED FOR APPROPRIATE MEDICAL CARE AT A HOSPITAL.	existing commercial rules of the American Arbitration Association and the substantive laws of that state. The arbitrator and not any federal, state or	
7. ACTS OF GOD, STRIKES, AND CIRCUMSTANCES BEYOND OUR CONTROL THAT CAUSE THE CANCELLATION OF CAMP DAYS ARE NONREFUNDABLE AND CANNOT BE REPLACED. DAYS MISSED DUE TO ILLNESS, VACATION OR ABSENCE MAY NOT BE CHANGED OR SUBSTITUTED.	or formation of this contract, including but not limited to any claim that all	
Signature: Date:	/ Print Name:	
PAYMENT METHOD (Make checks payable to Driftwood Day Conterested in a monthly payment plan? Check Here  Number		
Interested in a monthly payment plan? Check Here 🗖	Exp. Date CID	
Interested in a monthly payment plan? Check Here   Number  Card Holder's Name	Exp. Date CID	
Interested in a monthly payment plan? Check Here   Number  Card Holder's Name	Exp. Date CID	
Interested in a monthly payment plan? Check Here   Number  Card Holder's Name  Billing Address  Same as address on first page  Complete and return this entire form to:	Exp. Date CID	
Interested in a monthly payment plan? Check Here   Number  Card Holder's Name  Billing Address  Same as address on first page  Complete and return this entire form to:	Exp. Date CID	
Interested in a monthly payment plan? Check Here  Number  Card Holder's Name  Billing Address	Exp. Date CID	
Interested in a monthly payment plan? Check Here  Number	Exp. Date CID	
Interested in a monthly payment plan? Check Here  Number	Exp. Date CID	
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