

FREE SPIRIT NATURE CAMP



2008 REGISTRATION FORM

Child's Name: _____ Age: _____

Date of Birth: _____ Grade in Sept: _____

Parents/Guardians: _____

Home Address: _____

Home Phone: _____ E-Mail: _____

Work/alternate phone: _____

A health form and medical information form are also required to be completed.

Forms can be downloaded from the website. WWW.FreeSpiritNatureCamp.Com

Check here if you want the health forms mailed to you.

Program Hours 9:00 am to 3:00 pm

Extended care available from 3:00 until 5:30 \$40/Week or \$5.00/hour

TRANSPORTATION: We run a 15-passenger van that meets campers at central meeting places. Currently Pickups are planned in Circleville, Scotchtown, Middletown, Goshen, Warwick, Florida & Pine Island. Inquire for other areas.

Transportation Fee: \$75/week am & pm. \$120 per week per family.

In the event the desired session is full we will keep a waiting list in the order received and you will be notified immediately.

CHOOSE YOUR DISCOUNT

Discount 1 Take 8% off tuition when paid in full before 3/31

Discount 2 Take 5% off registration for entire 7 or 8 week program,

Discount 3 Take 5 % off registration for second child in same family
Inquire for rates for three or more children

2008 ENROLLMENT SESSION DATES & COSTS

Session 1.....June 30 – July 3\$210.00 + _____
4 days, Mon – Thurs.

Session 2July 7 – 17\$469.00 + _____
9 days, Includes overnight 7/16 for ages 6+

Session 3July 21 – 31\$469.00 + _____
9 days, Includes overnight 7/30 for ages 6+

Session 4.....August 4 – 8\$245.00 + _____
5 days, Monday – Friday

Session 5August 11 – 15\$245.00 + _____
5 days, Monday – Friday

Session 6August 18 – 21\$210.00 + _____
4 days, Mon – Thursday

TOTAL TUITION _____

Subtract Discounts _____ type _____

Subtotal _____

Extended Day Fee + _____

Transportation Fee + _____

Size _____ Optional Tee-Shirt (\$20) + _____

Insurance Fee + _____ \$35.00

TOTAL AMT DUE _____

Amount Enclosed/pd _____

Balance Due 6/15 _____

TERMS: Your signature on this contract accompanied by payment holds a space for your child. Registration can be changed only under special arrangements with the Director, when available. Remittance should be in full or as follows: 1/3 payment now with this signed contract. 1/3 by May 31, 2008, and 1/3 by June 15. Special payment arrangements are available upon request. All balances not paid in full by June 15 are subject to a \$25 late fee, unless arrangements have been made. Refund Policy: Registrations withdrawn prior to June 15 will be reimbursed in full less a \$50 nonrefundable registration fee. Refunds requested after June 15 will be processed if the child's space can be filled prior to the start of the session. Refunds requested after June 15th, and requests for make-up days will be approved solely at the discretion of the Camp Director.

CAMP ENROLLMENT AGREEMENT: I understand that part of the camping experience involved activities, group arrangements and interactions that may be new to my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks and I am assuming them on behalf of my child. I realize that no environment is risk free and so I have instructed my child on the importance of abiding by the camp rules. My child and I both agree that he or she is familiar with these rules and will obey them. I do hereby grant the right to use my or my child's photograph or image with or without my child's name both single and in conjunction with other persons or objects for any and all purposes including, but not limited to private or public presentations, advertising, publicity, and promotion relating hereto.

Signature parent/guardian _____ Date _____

Make Checks Payable to FREE SPIRIT NATURE CAMP
Mail Address: PO Box 56 Circleville, NY 10919-0056
(845) 361-CAMP (2267)