

Diana Rodriguez
212-254-3100, ext. 228

Henry Street Settlement
2010 Summer Camp Application
Camp Henry Day Camp

For Office Use Only

Date Received: _____

Received By: _____

Camper Information

Name: _____ Date of Birth: ____/____/____ Age: _____

Street Address: _____ Apt Number: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ - _____ Camper Cell Phone: (____) _____ - _____

Gender (Circle One): Male Female Is your Child a Returning Camper (Circle One): Yes No

T Shirt Size (Circle One): Child: S M L XL Adult: S M L XL XXL

Do you wish to purchase an extra T-Shirt for your child: Yes No

Current School: _____ Current Grade Level: _____

What Languages are Spoken in Camper's Home?: _____

General Information

How did you find out about Camp Henry? _____

Has Camper Previously Participated in a Henry Street Settlement Program? (Circle One): Yes No

If Yes, What Program(s)?: _____

Can the Camper's Name, Address and Phone Number be Placed in Our Camp Directory? (Circle One): Yes No

Parent/Guardian Information

Parent/Guardian 1

Name: _____ Relationship to Participant: _____

Street Address: _____ Apt Number: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Primary Language Spoken: _____ Employer (if unemployed, write "None"): _____

Job/Position: _____ Work Phone: (____) _____ - _____

Is the Above Person Authorized to Pick-Up My Child at the End of Each Day or in the Event of an Emergency: Yes No

Parent/Guardian 2

Name: _____ Relationship to Participant: _____

Street Address: _____ Apt Number: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Primary Language Spoken: _____ Employer (if unemployed, write "None"): _____

Job/Position: _____ Work Phone: (____) _____ - _____

Is the Above Person Authorized to Pick-Up My Child at the End of Each Day or in the Event of an Emergency: Yes No

Camp Henry Day Camp Schedules

Please Check which Camp Session you wish your child to attend:

Please Note: All payment plans are due in full no later than Friday, June 5th, 2010.

- | | | |
|-----------------------|--|---------------|
| <input type="radio"/> | Early Bird Special
<u>Full Summer Only</u> (Tuesday, July 6, 2010 – Friday, August 20, 2010)
Registration must be on or before <u>Friday, March 12, 2010.</u> | \$1150 |
| <input type="radio"/> | Full Summer (7 weeks) (Tuesday, July 6, 2010 – Friday, August 20, 2010) | \$1300 |
| <input type="radio"/> | 1 st Half of Summer (4 weeks) (Tuesday, July 6, 2010 – Friday, July 30, 2010) | \$740 |
| <input type="radio"/> | 2 nd Half of Summer (3 weeks) (Monday, August 2, 2010 – Friday, August 20, 2010) | \$560 |
| <input type="radio"/> | Extended Day
For an additional fee, you may drop off your child as early as 8 am and pick up your child as late as 6pm. This rate is applicable for the full summer
July 6, 2010 – August 20, 2010. | \$150 |

Mini Camp

- | | | |
|-----------------------|--|-------|
| <input type="radio"/> | Week 1 (Monday, August 23, 2010 – Friday, August 27, 2010) | \$175 |
|-----------------------|--|-------|

Donations

- I would like to donate \$20.00 to the **Camp Henry Scholarship Fund.**
This amount will be added to your tuition.

Credit Card Information

We only accept Visa or MasterCard credit cards. This excludes debit cards.

Card Holder's Name: _____ Total Amount: \$ _____

Credit Card Number: _____ Expiration Date: ___/___/___

Cardholder's Signature: _____

You may inquire for Financial Aid assistance.

Terms and Conditions of Camper Enrollment

1. A deposit of \$100 must accompany this application. The deposit is for registration and is not refundable. **The tuition payment is due in full no later than Monday, June 7th, 2010.** No child will be permitted to attend camp without payment in full by the above mentioned date. Checks should be made out to Henry Street Settlement or we accept Visa or MasterCard credit cards. This excludes debit cards.
2. No child will be properly enrolled in Camp Henry for the 2010 summer without the following paperwork FULLY completed:
 - a. **Fully completed camp application,**
 - b. **Accurate and up to date medical form**
 - c. **Copies of their signed immunization record**
 - d. **Current insurance card.**

All information is due by May 15, 2009.

3. If child does not attend camp, the entire fee may be forfeited. No refund will be granted if the camper leaves on his/her own account or is removed from camp due to an inability to adjust or to comply with the camp rules or is unable to function adequately> There is no reduction/refund based on missed days due to absence, illness or to early withdrawal.
4. I am aware that my child must follow the rules and regulations of the summer camp program and may be terminated from Camp Henry if he or she does not comply.
5. I hereby consent to the taking of photographs, movies, Internet use, and videotapes, of my child by Henry Street Settlement or its designated representatives. I also grant the right to edit, use, and re-use said products for any and all educational, public service, or not for profit purposes selected by Henry Street Settlement and release any and all rights, title, and interest we or the child may have in said products. Photocopies and facsimiles of this Release and consent shall have the same legal effect as the original.

Grant Permission – Sign Below Do NOT Grant Permission

Parent/ Guardians Initials: _____

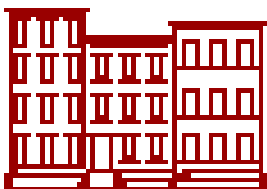
6. I have read the summer calendar for trips this year and I hereby give my child permission to attend each trip. I am aware that some trips my child will be using public transportation, such as a train or bus whereas other trips a school bus will be used. I am aware that my child will not be allowed to leave with their group unless my initials are below.

Parent/ Guardians Initials: _____

7. Camp Henry is not responsible for any personal items that are lost stolen or damaged while attending camp.
8. I consent that in an emergency Henry Street Settlement may act in loco parentis and obtain medical treatment if necessary. I understand that if medical treatment is deemed necessary I will be informed as soon as possible
9. **I reviewed the application and all the information provided is accurate and true. I agree to the terms and conditions.**

Parent/ Guardian Signature

Date



Please return to:
Henry Street Settlement
Attn: Camp Services
301 Henry Street
New York, NY 10002

