

CAMP HERRLICH 2017 SUMMER DAY CAMP REGISTRATION FORM

Please use a separate registration form for each camper. Please PRINT clearly.

Camper's Name _____ Age as of 6/26/17 _____ Grade completed as of 6/26/17 _____

Mailing Address _____ Male ___ Female ___ DOB ___/___/___

Town _____ State _____ ZIP _____ Home Phone (____) _____

Parent(s)/Guardian(s) _____

Address (if different) _____ Home Phone (if different) (____) _____

Work Phone (____) _____ Cell Phone (____) _____ Email _____

	Day Camp 8:45 a.m.– 4:30 p.m.	My Price from chart below	Before Care 7:00–8:45 a.m.	After Care 4:30–6:00 p.m.	Total Weekly Price
Week 1=Jun 26–30	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> + \$50	<input type="checkbox"/> + \$40	\$ _____
Week 2=July 3–7	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> + \$50	<input type="checkbox"/> + \$40	\$ _____
Week 3=July 10–14	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> + \$50	<input type="checkbox"/> + \$40	\$ _____
Week 4=July 17–21	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> + \$50	<input type="checkbox"/> + \$40	\$ _____
Week 5=July 24–28	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> + \$50	<input type="checkbox"/> + \$40	\$ _____
Week 6=Jul 31–Aug 4	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> + \$50	<input type="checkbox"/> + \$40	\$ _____
Week 7=Aug 7–11	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> + \$50	<input type="checkbox"/> + \$40	\$ _____
Week 8=Aug 14–18	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> + \$50	<input type="checkbox"/> + \$40	\$ _____
Week 9=Aug 21–25	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> + \$50	<input type="checkbox"/> + \$40	\$ _____
Week 10=Aug 28–Sept 1*	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> + \$50	<input type="checkbox"/> + \$40	\$ _____

Total Weeks _____

* Dependent on Carmel School District calendar. If you register for Week 10 and CCSD schedules school to begin, we will refund or credit you that week's tuition.

Total Due _____
Less 1st Week _____
as Deposit – _____
Balance Due _____
by June 1 _____

Administrative + \$50.00
fee if registering
after June 1

This registration form is for:

- Child 1** regular price
- Child 2** 5% discount
- Child 3** 5% discount

My price per child per week

PER WEEK PRICING	Regular Price– REGISTERING AFTER MARCH 1	Early Birds– REGISTERING BEFORE MARCH 1
Cost for Child 1	\$260	\$240
Cost for Child 2 or more	\$247	\$228




If you are interested in enrolling in our five-week Counselor in Training program for 14- to 15-year-olds, please call our office for an application or download from our website: www.campherrlich.org

How did you hear about us?

PAYMENT INFORMATION

CASH/CHECK Check # _____

(Payable to Camp Herrlich)

CREDIT CARD (Circle one)   

Card # _____ Exp Date _____

Name as it appears on card _____

Billing Address _____

City, ST ZIP _____

AGREEMENT (MUST BE SIGNED BY PARENT/GUARDIAN)

I agree to pay a one-week minimum deposit per child with this registration form. I understand that deposits are refundable (less a \$50 administrative fee) up to May 1, 2017. After May 1st, deposits are NOT refundable. I further agree to pay one half of the remaining balance 30 days from the registration date, and the remainder of the balance in full on or before June 1, 2017. Registrations after June 1 will be subject to a \$50.00 administrative fee. **I understand there is no reduction of camp fees for missed days or camper absence.**

Parent/Guardian Signature

Date

Please indicate below camper's t-shirt size. We will make every attempt to accommodate the size requested. Circle one:

Youth S (6–8) Youth M (8–10) Youth L (12–14) Adult Small Adult Medium Adult Large Adult XL

MAIL TO
Camp Herrlich
101 Deacon Smith Hill Road
Patterson, New York 12563

OR FAX TO (credit card payments only)
845–878–2030

DOWNLOAD FORMS
www.campherrlich.org