

• PLEASE PRINT  
\* ONE Application Form per camper

# 2010 CAMPER APPLICATION

\_\_\_\_/\_\_\_\_/2010  
CH MO O  
# \_\_\_\_\_  
For camp staff use only

## Camper Info.

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_ Grade \_\_\_\_

Camper E-mail \_\_\_\_\_

T-Shirt Size  Youth  Adult S M L XL XXL

**PASSWORD** that will be used to pick up of child

from camp: \_\_\_\_\_

Provide hint question for your password

\_\_\_\_\_

\_\_\_\_\_

## Mailing Address

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

## Emergency Contact #1

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

List all vehicle plate #s for those picking up camper \_\_\_\_\_ / \_\_\_\_\_

Attending Church \_\_\_\_\_

## Guardian 'A' Info.

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship to camper \_\_\_\_\_

## Guardian 'B' Info.

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship to camper \_\_\_\_\_

## Emergency Contact #2

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Referred by:  Flyer  Friend  Ad  Web Site  Other

☛ Family Status:  Married  Divorced  Separated  Single

☛ Camper Custody:  Joint  Mother  Father  Grandparent  Other ☛ Alumnus:  Yes  No

☛ Additional adult child can be released to (will need password): \_\_\_\_\_ Relationship \_\_\_\_\_

☛ Special enrollment instructions \_\_\_\_\_ Talked to \_\_\_\_\_

☛ **2010 Christmas Break, Winter Camp**, Dec. 27 – 31, would you be interested?  Yes  No

## REGISTRATION DIRECTIONS & POLICIES

**Directions:** See rates, policies and other criteria for all programs below. Use this form and the application work sheet to fill in all costs/discounts and mail back to the camp office along with medical form, immunization records and payment. If you have any questions please email or call the camp office. Additional copies of forms are available at [www.solidrockdaycamp.com](http://www.solidrockdaycamp.com). Registrations are processed on a first-come, first-serve basis. Your child's registration is secured only when these items and FULL payment is received. Checks or money orders are preferred, place campers name in memo area. **Make checks payable to Solid Rock Day Camp.** Any returned checks are subject to a \$45 service charge. Two weeks prior to camp, you will receive a confirmation letter and financial statement.

**Partial Week Option:** For each week, a camper has an option to attend 3, 4, or 5 days. To register for partial week attendance, select days attending and deduct the daily discount rate for each day not attending from the weekly rate. **Option can not be combined with Sibling discount. Sorry, no Sibling discounts are available when using this option.** Additionally, changes to days attending or the subtraction of days attending can not be accommodated once the camp week has started. Transportation rate is for full or partial week, there is no discount for a partial week.

**4-5 Year Old Program:** This full day program is for younger campers, boys & girls ages 4-5 years old. Campers must be fully potty trained (no diapers). Camper can attend a minimum of any three days per session (see Partial Week Option). Half days are not available but parents can opt to pick child up their child early (discounted rates are not available for ½ days).

**Changing & Adding Weeks:** Changing or adding sessions after your initial registration is easy, as long as space allows. A phone call or a note to our office can switch a child's camp session to accommodate changing family plans. Added sessions will be invoiced at the camp fee determined by the date at the time of the addition. Full payment must be received prior to your child attending an added session. A \$25.00 registration fee may apply.

**Cancellation Fee and Refund Policy:** Refunds will be given only in unusual circumstances involving a medical reason or a family emergency. All refunds and requested transfers are subject to a \$45 administrative charge. Refunds will be sent out the 3rd week of Sept.

**Extended Care Program:** This program extends the hours of camp both in the morning (7:00 – 9:00AM) and afternoon (4:00 – 6:00PM). Rate is based on \$4.00 per hour, per camper (ie. Two children attending equals \$8.00 per hour). The charge for any part of an hour is \$4.00. An \$80.00 deposit is required to register for this service. This deposit will be refunded to you at the end of the camp season. Weekly balances for extended care must be paid in full each Friday (by check). If payment is not received, deposit will be used to cover balance and your child will not be able to use the extended care program the following Monday until delinquent payment is made and your deposit is returned to \$80.00.

**Snack Shack (canteen) for lunch, snacks and keep sakes:** See the camp web site for additional information and item pricing. We suggest that you include at least a small amount for each camper in your registration as most campers purchase something throughout their camp time. Additional monies can be added daily but we suggest that Mondays. *Any remaining balance will be carried over to the next session. Upon your last registered session, remaining balances over \$5.00 will be refunded. Remaining balances under \$5.00 will be donated to the camper scholarship fund.*

**Transportation/Busing Routes:** Write down route # and cost for each full or partial week needing transportation. Parents can provide their own transportation. There are no discounts for partial weeks.

Route # Name & Pick-up/Drop-off time	Cost	Route # Name & Pick-up/Drop-off time	Cost
1A-1: Chilton Hospital (7:30am / 5:00pm) .....	\$70	2A-1: Ringwood: Rite Aid Pharmacy (8:05am / 4:55pm) .....	\$70
1B-1: Pompton Plains Post Office (7:35am / 5:05pm) .....	\$70	2B-3: Awosting (8:15am / 4:35pm) .....	\$60
1C-1: A&P/TJ Max (7:45am / 5:10pm) .....	\$70	2C-4: W.M. Sporting Goods (8:17am / 4:33pm) .....	\$50
1D-2: Butler: Bloomingdale Fire Dept. (8:00am / 4:40pm) .....	\$65	2D-4: A&P (Hewitt) (8:20am / 4:30pm) .....	\$50
1E-2: Butler: Stop & Shop (8:10am) / Butler Bowl (4:35pm) .....	\$65	2E-4: Pinecliff Lake Clubhouse (8:25am / 4:27pm) .....	\$50
1F-3: Oak Ridge: Quality Time (8:25am / 4:15pm) .....	\$60	2F-4: Shop Rite (8:30am / 4:25pm) .....	\$50
1G-2: Oak Ridge: Old A&P (8:30am / 4:20pm) .....	\$65	2G-4: Ridge Road: Old Milford (8:40am / 4:20pm) .....	\$50
1H-2: Oak Ridge: My School (8:40am / 4:25pm) .....	\$65	2H-3: Ridge Road: Highview (8:45am / 4:15pm) .....	\$60
		2J-3: Gould Road (8:50am / 4:10pm) .....	\$60

**Discount Rates:**

<b>Early Bird</b> (Per week and camper if registration & full payment is received by May 1 <sup>st</sup> ) .....	<b>\$20.00</b>
<b>Partial Week Option</b> (Daily discount Rate) .....	<b>\$35.00</b>
<b>Sibling Discount</b> (Per week & camper if siblings attend same week; NOTE discount not available for partial week) .....	<b>\$25.00</b>
<b>Sibling Transportation/Busing</b> (Per week & camper if siblings attend same week) .....	<b>\$20.00</b>

**General Release:**

*By signing below you agree that all the information provided on both sides of this form is correct and that you have read through all of the camper registration directions, fee schedules, regulations, cancellation & refund policies there in. You further understand that any photos and videos taken by the staff involving your child can be used by Solid Rock Day Camp for camp promotions without acquiring or paying for rights.*

**X Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Camber Name: \_\_\_\_\_

**APPLICATION WORK SHEET**

**ONE SHEET PER CAMPER**  
(MAIL IN)

**Week #1 – June 21-25**

**Full Week Camp Program**.....\$185.00 - \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 E. B. Dis. (-\$20) Sibling Dis. (-\$25)

**Partial Week Option**  days attending, minimum of 3 days (Sibling discount not available)..... \$185.00 - \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 Monday  Tuesday  Wednesday  Thursday  Friday  
 E. B. Dis. (-\$20) Daily Dis. (-\$35)

**Transportation/Busing:**  Req'd.  Not Req'd. Route # \_\_\_\_\_ (See Route #'s & Rates)..... \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 Route Rate Sibling Dis. (-\$20)

**Week #2 – June 28-July 2**

**Full Week Camp Program**.....\$185.00 - \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 E. B. Dis. (-\$20) Sibling Dis. (-\$25)

**Partial Week Option**  days attending, minimum of 3 days (Sibling discount not available)..... \$185.00 - \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 Monday  Tuesday  Wednesday  Thursday  Friday  
 E. B. Dis. (-\$20) Daily Dis. (-\$35)

**Transportation/Busing:**  Req'd.  Not Req'd. Route # \_\_\_\_\_ (See Route #'s & Rates)..... \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 Route Rate Sibling Dis. (-\$20)

**Week #3 – July 6-9**

**Full Week Camp Program**.....\$150.00 - \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 E. B. Dis. (-\$20) Sibling Dis. (-\$25)

**Partial Week Option**  days attending, minimum of 3 days (Sibling discount not available)..... \$150.00 - \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 Monday-No camp  Tuesday  Wednesday  Thursday  Friday  
 E. B. Dis. (-\$20) Daily Dis. (-\$35)

**Transportation/Busing:**  Req'd.  Not Req'd. Route # \_\_\_\_\_ (See Route #'s & Rates)..... \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 Route Rate Sibling Dis. (-\$20)

**Clinic Program** (See information in camp brochure or on web site, Check one clinic per week)..... = \_\_\_\_\_  
 Archery/Paintball (\$35)  Baseball (\$25)  Ranch Fun (\$35)  Swimming Lessons (\$25)

**Week #4 – July 12-16**

**Full Week Camp Program**.....\$185.00 - \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 E. B. Dis. (-\$20) Sibling Dis. (-\$25)

**Partial Week Option**  days attending, minimum of 3 days (Sibling discount not available)..... \$185.00 - \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 Monday  Tuesday  Wednesday  Thursday  Friday  
 E. B. Dis. (-\$20) Daily Dis. (-\$35)

**Transportation/Busing:**  Req'd.  Not Req'd. Route # \_\_\_\_\_ (See Route #'s & Rates)..... \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 Route Rate Sibling Dis. (-\$20)

**Clinic Program** (See information in camp brochure or on web site, Check one clinic per week)..... = \_\_\_\_\_  
 Archery/Paintball (\$35)  Basketball (\$25)  Horsemanship (\$35)  Swimming Lessons (\$25)

**Week #5 – July 19-23**

**Full Week Camp Program**.....\$185.00 - \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 E. B. Dis. (-\$20) Sibling Dis. (-\$25)

**Partial Week Option**  days attending, minimum of 3 days (Sibling discount not available)..... \$185.00 - \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 Monday  Tuesday  Wednesday  Thursday  Friday  
 E. B. Dis. (-\$20) Daily Dis. (-\$35)

**Transportation/Busing:**  Req'd.  Not Req'd. Route # \_\_\_\_\_ (See Route #'s & Rates)..... \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 Route Rate Sibling Dis. (-\$20)

**Clinic Program** (See information in camp brochure or on web site, Check one clinic per week)..... = \_\_\_\_\_  
 Archery/Paintball (\$35)  Flag Football (\$25)  Horsemanship (\$35)  Swimming Lessons (\$25)

**Week #6 – July 26-30**

**Full Week Camp Program**.....\$185.00 - \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 E. B. Dis. (-\$20) Sibling Dis. (-\$25)

**Partial Week Option**  days attending, minimum of 3 days (Sibling discount not available)..... \$185.00 - \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 Monday  Tuesday  Wednesday  Thursday  Friday  
 E. B. Dis. (-\$20) Daily Dis. (-\$35)

**Transportation/Busing:**  Req'd.  Not Req'd. Route # \_\_\_\_\_ (See Route #'s & Rates)..... \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 Route Rate Sibling Dis. (-\$20)

**Clinic Program** (See information in camp brochure or on web site, Check one clinic per week)..... = \_\_\_\_\_  
 Archery/Paintball (\$35)  Soccer (\$25)  Horsemanship (\$35)  Swimming Lessons (\$25)

**Subtotal (carry over - flip over)** \_\_\_\_\_

Download additional forms at [www.solidrockdaycamp.com](http://www.solidrockdaycamp.com) or photocopy as needed.

Camper Name: \_\_\_\_\_

**APPLICATION WORK SHEET**

**ONE SHEET PER CAMPER**  
(MAIL IN)

Carry over subtotal amount \_\_\_\_\_

**Week #7 – August 2-6**

**Full Week Camp Program**.....\$185.00 - \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 E. B. Dis. (-\$20) Sibling Dis. (-\$25)

**Partial Week Option**  days attending, minimum of 3 days (Sibling discount not available)..... \$185.00 - \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 Monday  Tuesday  Wednesday  Thursday  Friday  
 E. B. Dis. (-\$20) Daily Dis. (-\$35)

**Transportation/Busing:**  Req'd.  Not Req'd. Route # \_\_\_\_\_ (See Route #'s & Rates)..... \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 Route Rate Sibling Dis. (-\$20)

**Clinic Program** (See information in camp brochure or on web site, Check one clinic per week)..... = \_\_\_\_\_  
 Beach Volleyball (\$25)

**Week #8 – August 9-13**

**Full Week Camp Program**.....\$185.00 - \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 E. B. Dis. (-\$20) Sibling Dis. (-\$25)

**Partial Week Option**  days attending, minimum of 3 days (Sibling discount not available)..... \$185.00 - \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 Monday  Tuesday  Wednesday  Thursday  Friday  
 E. B. Dis. (-\$20) Daily Dis. (-\$35)

**Transportation/Busing:**  Req'd.  Not Req'd. Route # \_\_\_\_\_ (See Route #'s & Rates)..... \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 Route Rate Sibling Dis. (-\$20)

**Week #9 – August 16-20**

**Full Week Camp Program**.....\$185.00 - \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 E. B. Dis. (-\$20) Sibling Dis. (-\$25)

**Partial Week Option**  days attending, minimum of 3 days (Sibling discount not available)..... \$185.00 - \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 Monday  Tuesday  Wednesday  Thursday  Friday  
 E. B. Dis. (-\$20) Daily Dis. (-\$35)

**Transportation/Busing:**  Req'd.  Not Req'd. Route # \_\_\_\_\_ (See Route #'s & Rates)..... \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 Route Rate Sibling Dis. (-\$20)

**Registration Fee (\$25)** ..... 25.00

**Extended Care Program deposit (\$80)**..... \_\_\_\_\_

**Snack Shack (canteen) included amount**..... \_\_\_\_\_

**Other** ..... \_\_\_\_\_

**Total Enrollment Fees for all Sessions/Weeks** \_\_\_\_\_

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