

# CAMP ROYNTELLE LEWIS VILLAGE

## 2010 CAMP APPLICATION

**Check One**

- New Camper
- Returning Camper

**Winter Office**  
 212-00 23rd Avenue  
 Bayside, NY 11360  
 Tel: 718-279-0690  
 Fax: 718-224-4676



**Summer Camp Office**  
 PO Box 66  
 Peynette, PA 18454  
 Tel: 570-448-2161  
 Fax: 570-448-2117

A FEE OF \$100  
 WILL BE APPLIED  
 FOR ALL SESSION  
 CHANGES MADE  
 AFTER DEC. 1, 2009

Camper \_\_\_\_\_ Grade in Sept. 2010 \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Sex  M  F Home Phone ( ) \_\_\_\_\_

Camper's Email \_\_\_\_\_ Family Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Number & Street \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

May we use you as a reference for prospective camp families:  Yes  No

Member of a Y/JCC (please circle): Y/N? If yes, Which One \_\_\_\_\_

Name of School \_\_\_\_\_ Name of Synagogue \_\_\_\_\_

Attended Camp Before (please circle): Y/N? If yes, Where? \_\_\_\_\_ When? \_\_\_\_\_

Parent's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Parent's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Parent's Relationship (Please check):  Married  Separated  Divorced  Widowed  Remarried

Please complete: If parents live separately, child lives with  Mother  Father  Other (Please specify) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**T-shirt size (please check one):**

- Youth Small  Youth Medium  Youth Large  Youth XL  Adult Small  Adult Medium  Adult Large  Adult XL

Prices Good Through January 1, 2010

**TUITION SCHEDULE**

(Please check one option)

**CAMP ROYNTELLE**

Grade as of 9/10- 2nd, 3rd, 4th, 5th, 6th, 7th

- Session I: June 27- July 25 \$4725
- Session II: July 25- August 15 \$4000
- Full Season: June 27- August 15 \$6800

Grade as of 9/10- 2nd - 5th

- Rookie Camp: July 25- August 8 \$2500

**LEWIS VILLAGE**

Grade as of 9/10- 8th, 9th, 10th

- Session I: June 27- July 25 \$4950
- Session II: July 25- August 15 \$4350
- Full Season: June 26- August 16 \$7275

Grade as of 9/10- 11th

- LIT (Full Season Only)\* \$7000

\*Spaces Are Limited- Acceptance into the LIT Program is subject to recommendations and pre-camp interview. Full refunds will be given to those not accepted. All registration for this program must be in by October 2, 2009

All inclusive tuition includes transportation to & from designated sites, laundry, t-shirt, canteen, luggage delivery, and out of camp trips.

A \$500 Deposit is required with registration. Payment in full is due by March 12, 2010. Tuition is fully refundable until April 1, 2010. Please make check payable to Camp Peynette or you may use your MasterCard, Visa or Discover to pay for your tuition.

Please charge \$ \_\_\_\_\_ to my  Visa  Discover  MC

Card No. \_\_\_\_\_

Cardholder Name (Please Print) \_\_\_\_\_

Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

Cardholders Signature \_\_\_\_\_

Check enclosed

For your convenience, we will charge the balance of your tuition on March 12, 2010 to the above credit card. By checking the box below and providing your signature, you consent to allow us to make this charge.

Discount for 2nd child enrolled: 5% off lower tuition fee  
 Discount for 3rd child enrolled: 10% off lowest tuition fee

**PARENT SIGNATURE REQUIRED ON BACK**

**TERMS OF ENROLLMENT (Please Read Carefully)**

- 1. It is the policy of the Camp that no person shall be excluded from admissions on the grounds of race, color, religion or national origin.
- 2. No allowance, fee reduction or refund will be made:
  - a. For transportation, laundry services, canteen, luggage delivery or trips not used.
  - b. For dismissal of a Camper for any reasons deemed appropriate by the Camp Administration. For example, but not limited to: leaving the Camp grounds without the express written permission of the Camp Director; damaging or defacing Camp property or the property of any third party; engaging in conduct or attempting to influence others in a manner which is contrary to the best interest of the Camp; possession of any tobacco product, alcoholic product, narcotic drug or controlled substance or other related items for which the Camper does not have a prescription or dangerous instrumentality or firearm.
  - c. For any reason in which the Camp Administration dismisses or restricts a Camper for reasons felt by the Camp Administration to be in the best interests of the Camp or Camper.

Should a Camper be dismissed from Camp due to illness, accident or at the direction of the Camp's medical personnel, a refund may be made at the discretion of the Camp Administration. Any refund, however, will not exceed the pro-rated portion of the Camp fee for the portion of the Camp term during which the Camper was not in attendance.

- 3. The Camp is not responsible or liable for equipment or personal property (including but not limited to money & jewelry) of the Camper, while in transit or at camp, whether the equipment or property is lost, stolen or damaged by fire, laundry or any other cause.
- 4. The parent or legal guardian signing this form certifies that the child is both physically and emotionally healthy; acknowledges that this application is accepted subject to a complete examination by a

physician; and that the Camp is authorized to contact present and prior providers of medical, psychological, recreational, educational and camp services to evaluate the Camper. The parent or legal guardian is specifically hereby granting permission for the release of any said information to the Camp or its designee.

- 5. The Camp Administration reserves the right to place Campers according to the Camper's own age-level and readiness standards and restrict or advance any Camper's accordingly.
- 6. The Camp is hereby granted permission to use Camper's name, sobriquet, picture, portrait, likeness and voice, in any medium, whether now existing or later discovered and whether alone or in composite or distorted form, for promotional and advertising purposes, all without additional consideration.
- 7. Permission is hereby given for the Camper to leave Camp for the purpose of attending and participating in Camp programs, trips, Doctor visits, etc as may be planned / required by necessity & executed by staff.
- 8. In case of surgical or medical emergency, parent or legal guardian hereby gives permission to the Camp Administration to select a physician and to the selected physician to secure and administer appropriate treatment, for the camper, including but not limited to, ordering and administering medication by injection, orally, topically or by intravenous or inhalation means; hospitalization or out-patient services; administration of anesthesia, and all reasonably necessary surgical or medical procedures. Every reasonable effort will be made by the Camp Administration to contact Camper's parent or legal guardian in the event of an emergency.
- 9. Parents are responsible for providing proof of medical insurance for their children.
- 10. I agree to be and remain financially responsible for all fees, costs and expenses, which may be or become associated with Camper's attendance at camp.
- 11. I HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE ABOVE TERMS.

**IN CASE OF SURGICAL OR MEDICAL EMERGENCY**, the parent hereby gives permission to the physician selected by the Camp Administration to hospitalize, secure proper treatment for and order injection, anesthesia or surgery for the child named above. Every effort will be made by the Camp Administration to immediately contact parents in the event of an emergency.

**I HAVE READ THE ABOVE TERMS OF ENROLLMENT. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL FEES INCURRED.**

SIGNATURE OF PARENT \_\_\_\_\_ Date \_\_\_\_\_

**HELP US HELP OTHERS**

I would like to help send another child to camp by contributing to the CPLV campership fund... \$36 \$50 \$100 \$250

If you have decided to contribute to our campership fund, please add the selected amount to your check or credit card payment.

Camp Poyntelle Lewis Village has a variety of giving plans. If you are interested, please call our office at (718) 279-0690

**FOR OFFICE USE ONLY**

Payment Type \_\_\_\_\_ Payment Amount \_\_\_\_\_