



# Oak Hill in the Summer 2018

For office use only
___wks 1/2 Full
M T W T F
CampTuit. _____
Reg. fee _____
Total \$ _____
Deposit _____
Balance \$ _____
_____
P.I.F. _____

CHILD'S NAME \_\_\_\_\_ GENDER \_\_\_\_\_ AGE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
 \_\_\_\_\_ zip \_\_\_\_\_  
 MOTHER'S NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_ Cell \_\_\_\_\_  
 FATHER'S NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_ Cell \_\_\_\_\_  
 Email: \_\_\_\_\_

Family Status:  Married  Divorced Camper lives with:  Mom  Dad  Both  Other \_\_\_\_\_  
 Does non-custodial parent have permission to pick-up child(ren)?  Yes  No

Please circle one: Tee shirt size Youth S M L or Tee shirt size Adult S M L

## Program Selection

		Circle weeks to be reserved- Two weeks minimum.							
		1	2	3	4	5	6	7	8
<b>Half Day</b> 9:00am -12:00 pm	June 25 June 29	July *2-6	July 9-13	July 16-20	July 23-27	July 30 Aug 3	Aug 6-10	Aug 13-17	
	\$ _____	\$* _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	<b>Full Day</b> Any hours between 9:00am - 3:00 pm		5 1/2 DAYS \$115.00 Wk (wk 7/3 = \$95.)				5 FULL DAYS \$ 175.00 Wk (wk 7/3 = \$160)		
		3 1/2 DAYS \$90.00 Wk				3 FULL DAYS \$145.00 Wk			
		2 1/2 DAYS \$60.00 Wk				2 FULL DAYS \$130. WK			

\* Camp closed 7/4

☺ There is no registration fee for students enrolled at Oak Hill. ☺

- **\$25. Registration fee must accompany this form for all other students**
- You must have a 50% deposit into the education office by **April 1**, or your child's space may be filled. Registration fees are non-refundable.
- **BALANCE IS DUE ON YOUR CHILD'S FIRST DAY in the office**
- After April 1, any reduction in weeks will be issued as a credit towards Summer 2018
- No refunds or make-up days for absences, sick days, or vacations
- Camp Tee-Shirts can be purchased at \$10.00 each
- There is a second child discount of 15%, third child is 20% off
- Trips are scheduled throughout the summer-please see activity schedule-Cost is posted and bus is provided, although parents are welcome to join us.
- Do not sign up on a trip day if you do not want your child to attend the trip

**LIST ALL ALLERGIES OR MEDICAL INFORMATION (ASTHMA, BEE STINGS, ETC.)**

Allergies or Special Circumstances: \_\_\_\_\_

I understand no medications will be given during camp hours by any camp staff.

Please attach an up-to-date health record with this white copy. This record can be obtained easily from your child's school or childcare.

**Terms of Agreement:**

- Your complete balance must be paid in full by your child's first day. If you enroll for all the weeks of camp, you are entitled to pay weekly. First week must be paid at time of enrollment.
- Weekly payments must be made one week ahead. Mail first payment, or pay it during enrollment.
- Weekly payments that fall more than two weeks behind will result in your child not being able to continue attending camp. Upon full payment of arrears, your child may return.
- Permission is hereby granted for photographs and videos to be taken of my child at camp and Oak Hill Summer Camp has the right to utilize these in camp brochure and other display materials.
- Please adhere to your child's pick-up time as per the application. Staffing is based on that information.
- The development of true Christian character and the Christian way of life as shown in the Bible will be an integral part of our programs. Please read our discipline policy.
- Each child's legal guardian will be responsible to meet all the financial obligations as outlined in this agreement. If fees are not paid in full, the legal guardian shall be liable for all costs of collection, including attorney fees.
- Mail all payments and correspondence to:

Oak Hill Christian Nursery School  
Summer Camp  
110 Salem Hill Rd Howell, NJ 07731  
Attn: Deborah Borrelli

Parent's Authorization: To the best of my knowledge, medical history is correct and complete, and my child is current regarding all required children's immunizations. I know of no reason to restrict camper's activities and I give permission for participation in all activities, except as specifically noted herein. In the event I cannot be reached in an emergency, I give permission to the physician selected by the Camp Director to hospitalize, secure treatment for and to allow injections, anesthesia or surgery for my child as named above. Continuous efforts will be made to contact the parent/guardian. Accordingly, I release, discharge, absolve, and hold harmless Oak Hill Christian Nursery School employees and instructors, from any and all liability arising out of any accident, injury, or loss sustained by my child as a result of activities at or present in the facility except for accidents, injuries or losses sustained as a result of gross negligence and willful misconduct of the facility. I agree to waive any and all claims against persons connected with Oak Hill Christian Nursery School

*I understand and agree to all terms on this application.*

\_\_\_\_\_  
*Parent/Guardian Signatures*

\_\_\_\_\_  
*Date*