



Summer 2010 Enrollment

184 Main Street
Center Moriches, NY 11934
(631) 878-4773 phone (631) 878-8720 fax
info@redrobineast.com

2010 Camp Season

The 2010 Camp Season begins on June 28th and ends on August 20th. Full Day Sessions are defined as 9:00AM to 3:45PM. Half Day Sessions are defined as 9:00AM to 1:00PM. Pre-K Day Sessions are defined as 9:00AM to 12:00PM. Camp will be closed on Monday, July 5th.

Eight Week Session: June 28th - August 20th

First Four Weeks: June 28th - July 23rd

Last Four Weeks: July 26th - August 20th

Registration Policies

Registration Fee: All applications must be accompanied by a \$69.00 registration fee (per camper). The Registration fee(s) is non-refundable and non-transferable. **Custom Fee:** There will be a \$100.00 (per camper) fee for any changes to our regular sessions.

Payment Information

The registration fee of \$69 is due at the time of application. A deposit of \$450 is due at the time of enrollment. The remaining balance is due on or before June 1, 2010.

Payment Forms: We accept cash, check, Master Card or Visa. No Debit cards please.

Refund Policy: *Please see No Risk Refund Policy!*

Absence Policy: No make up days or sickness or vacation days are allowed. Pro-rated refunds are given after two weeks of continuous absence accompanied by a physician's note. The refund will begin on the first day of the third week of absence.

Lunch

Lunch and snacks are included in your tuition for all campers attending a **full** or **half** day program. A lunch menu will be provided to you prior to the start of camp. For pre-k campers, only a morning snack will be provided.

The Red Robin East "Look":

Complimentary t-shirt(s) and a camp bag will be provided the first week of camp. Additional T-Shirts may be purchased for \$10 per shirt.

Extended Hours

We do offer extended hours: 7:30am-9:00am (Pre-game Warm-up) and/or 3:45pm-5:30pm (Extra Innings). Please let us know if you require extended hours.

Medical Forms

Medical forms must be valid through the current camp calendar year. Accurate and up to date Medical Forms must be submitted on or before June 1, 2010, and the date of annual physical must not expire within current camp calendar year. Camp reserves the right not to allow campers entrance to camp without a medical form on file.

Enrollment Authorization

1. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment and necessary transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above.

2. **Participation** in any Red Robin East activities and the use of any recreational facilities involves a risk of accidental injury despite all safety precautions. Having been informed of the activities conducted at Red Robin East, I, as an individual or as a parent/guardian of the participant named herein, assume all risks and hazards incidental to the activities and release from responsibility and agree to indemnify and hold harmless Red Robin East, its officials, directors, independent contractors, volunteers, and all employees for any illness or injury to me or my children or family members during his/her participation in any activities or use of any recreational facilities at/or conducted by Red Robin East.

3. I hereby give my child permission to attend and take part in Red Robin East activities and to be taken to and from various trips by means of transportation used by the Red Robin East. The completed forms may be photocopied for trips out of camp. I also allow Red Robin East to use photographs, artwork and recordings made at Red Robin East and letters written to Red Robin East during or after the season. I agree to read the Red Robin East Country Day Camp General Information Sheet as well as the Enrollment Application and abide by all Red Robin East policies stated therein. I also agree to sign and return all required forms before the start date of this program.

4. **We** believe that Day Camp offers young children an opportunity to learn and use good social skills. Adapting to a group and a counselor is an important skill. It is for this reason, as well as for flexibility and necessity, that we occasionally make group adjustments as needed. We will accommodate all special requests to the best of our ability. As well, if your child has social or behavior issues it is vital for you to let us know so that we can work together for a safe successful summer.

- I have read this Enrollment Application Form and agree to abide by and be bound by the Terms and Conditions of the form.
- Directors reserve the unrestricted right to deny, cancel, sever or suspend a child's enrollment if deemed for the best interest of the camper or camp, in which case the unused camp tuition will be refunded.

Date _____ Signature _____



2010 Camp Application
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Family Information

Family Name _____ Home Phone () _____
Address _____ Apartment _____
City _____ State _____ Zip Code _____
Summer Address (if different than above) _____
City _____ State _____ Zip Code _____
Family E-Mail _____

Referring Family (if applicable) _____

**Must be completed at time of application.*

Parent Information

Mother's Last Name _____ First _____

Bus. Phone () _____ Ext. _____ Pager () _____

Cell Phone () _____ E-Mail _____

Father's Last Name _____ First Name _____

Bus. Phone () _____ Ext. _____ Pager () _____

Cell Phone () _____ E-Mail _____

Parent's Marital Status

Married Divorced Single Separated Other _____

Additional Mailing to go to/Special Instructions: _____

Camper Names

1st Child _____

2nd Child _____

3rd Child _____

Emergency Information

In the event an emergency, we will attempt to contact a parent. Please provide two additional people who have authority to make all decisions regarding your child(ren) if we are unable to reach a parent.

Family Doctor _____ Doctor's Phone () _____

1st Emergency Contact _____

Relationship _____ Phone () _____ Cell () _____

2nd Emergency Contact _____

Relationship _____ Phone () _____ Cell () _____

Name of 2nd Camper _____

Last

First

Nickname (if any) _____

Female Male Birth Date _____ Current Grade & School _____

Grade & School as of Sept. 2010 _____

T- Shirt Size Youth:

Adult:

XS (2-4) S (6-8) M (10-12) L (14-16)

S M L XL

If possible, I would like my child placed with: _____

CHOOSE YOUR 2010 PROGRAM

Please Circle Weeks & Check Session (for a 4 week session, please circle first OR last four weeks)

Full Day – \$79 per day 9:00am - 3:45pm

Week(s) 1 2 3 4 5 6 7 8

5 Days M - F: 8 weeks \$ 3,081
 7 weeks \$ 2,765
 4 weeks \$ 1,580

3 Days M, W, F: 8 weeks \$ 1,896
 7 weeks \$ 1,659
 4 weeks \$ 948

2 Days Tu, Th: 8 weeks \$ 1,264
 7 weeks \$ 1,106
 4 weeks \$ 632

Custom Schedule*: ___ weeks \$ _____ \$79/day

Mon Tues Wed Thurs Fri

*custom schedule fee may apply

Half Day – \$69 per day 9:00am – 1:00pm

Week(s) 1 2 3 4 5 6 7 8

5 Days M - F: 8 weeks \$ 2,691
 7 weeks \$ 2,415
 4 weeks \$ 1,380

3 Days M, W, F: 8 weeks \$ 1,656
 7 weeks \$ 1,449
 4 weeks \$ 828

2 Days Tu, Th: 8 weeks \$ 1,104
 7 weeks \$ 966
 4 weeks \$ 552

Custom Schedule*: ___ weeks \$ _____ \$69/day

Mon Tues Wed Thurs Fri

*custom schedule fee may apply

Pre-K Day - \$55 per day 9:00am - 12:00pm

AGES 3 & 4 ONLY

Week(s) 1 2 3 4 5 6 7 8

5 Days M - F: 8 weeks \$ 2,145
 7 weeks \$ 1,925
 4 weeks \$ 1,100

3 Days M, W, F: 8 weeks \$ 1,320
 7 weeks \$ 1,155
 4 weeks \$ 660

2 Days Tu, Th: 8 weeks \$ 880
 7 weeks \$ 770
 4 weeks \$ 440

Custom Schedule*: ___ weeks \$ _____ \$55/day

Mon Tues Wed Thurs Fri

*custom schedule fee may apply

Tuition Worksheet

# of Campers	_____
Total Tuition	\$ _____
Additional Discount (if applicable)	\$ _____
Subtotal	\$ _____
Registration Fee (\$69 per camper)	\$ _____
Custom Fee (\$100 per camper, if applicable)	\$ _____
Medical Insurance (if applicable)	\$ _____
Total	\$ _____
Deposit	\$ _____
Total Amount Due	\$ _____

Medical Insurance

I **elect** to subscribe to the Red Robin East Injury and Accident Plan at a total cost of \$12.00* per camper. I understand that there is no deductible and that the limit is \$3,000.00 per camper for each injury or accident.

I **decline** subscription to the Red Robin East Injury and Accident Plan and wish to have my child covered by my own Health and Accident Plan as indicated below.

Is the participant covered by family medical/hospital insurance? Yes No

If yes, please indicate carrier or plan name: _____

Carrier Address: _____ Phone #: _____

Name of Insured: _____ Relationship to Participant: _____

Social Security Number of policy holder or insurance ID number: _____

Parent/Guardian Initial: _____

* Subject to change based upon insurance company current rates.

Payment Information

Check Information

Check #: _____ Date: _____ Amount: _____

Credit Card Payment & Authorization Information *(we accept Master Card & Visa)*

Name as it appears on the Card: _____

Amount to Charge: _____ Credit Card Type: _____

Credit Card# _____ - _____ - _____ - _____

Expiration Date: ___/___/___ Security Code: ___ ___ ___ (For proper authorization please enter the last three digits on reverse side of credit card)

Please charge my credit card for the amount listed above.

Signature of Card Holder

Date

Authorization to Charge Additional Payments to Credit Card

Please charge my camp tuition to the credit card listed above as follows:

Time of Application _____ Amount to Charge: _____
Date

June 1, 2010 Amount to Charge: _____

_____ Amount to Charge: _____
Date

Signature of Card Holder

Date

I have read and understand the registration and refund policies in the attached general information and fees. I understand that the Registration Fee is on a per camper basis. The Registration fee(s) is non-refundable and non-transferable. I understand that the balance of the tuition must be paid by June 1st, 2010. I agree to pay a \$100 late charge for all balances due after June 1st, 2010. I understand that no refunds will be issued once camp begins. Campers changing enrollment dates will be charged a \$50.00 administration fee after June 1, 2010. I understand no make up days or sickness or vacation days are allowed. Pro-rated refunds are given after two weeks of continuous absence accompanied by a physician's note. The refund will begin on the first day of the third week of absence. It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can be brought in a court of competent jurisdiction located in Suffolk County, NY and shall be construed in accordance with the laws of New York. If Red Robin East (RRE) is successful in any litigation, it is agreed that the losing party will reimburse RRE for all attorney fees and costs of litigation.

Parent's/Guardian's Signature

Date