

# CAMP EAGLE HILL Enrollment Application

## CAMPER INFORMATION

1) Camper's Name \_\_\_\_\_ Session  Full  July  August  
 Boy  Girl Birthdate \_\_\_\_\_ Present school grade \_\_\_\_\_  
 # of years attending Eagle Hill (including upcoming year) \_\_\_\_\_

2) Camper's Name \_\_\_\_\_ Session  Full  July  August  
 Boy  Girl Birthdate \_\_\_\_\_ Present school grade \_\_\_\_\_  
 # of years attending Eagle Hill (including upcoming year) \_\_\_\_\_

3) Camper's Name \_\_\_\_\_ Session  Full  July  August  
 Boy  Girl Birthdate \_\_\_\_\_ Present school grade \_\_\_\_\_  
 # of years attending Eagle Hill (including upcoming year) \_\_\_\_\_

## CAMPER ADDRESS

Camper lives with  Both parents  Mother  Father  Guardian(s)  
 Home address (street) \_\_\_\_\_  
 (city, state/country, zip) \_\_\_\_\_  
 Home telephone (            )                      Home fax (            )

## PARENT INFORMATION

Father's or Guardian's Name \_\_\_\_\_  
 Employer's Name \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Business Telephone (            ) \_\_\_\_\_  
 Cell Phone (            )                      Email Address \_\_\_\_\_  
 Mother's or Guardian's Name \_\_\_\_\_  
 Employer's Name \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Business Telephone (            ) \_\_\_\_\_  
 Cell Phone (            )                      Email Address \_\_\_\_\_

### SUMMER OFFICE

PO Box 12 • Elizaville, New York 12523  
**Phone** (518) 537.4000 **Fax** (518) 537.6800

### WINTER OFFICE

33 Barclay Road • Scarsdale, New York 10583  
**Phone** (914) 725.4876 **Fax** (914) 725.3311

**WEBSITE** [www.campeaglehill.com](http://www.campeaglehill.com)  
**EMAIL** [summer@campeaglehill.com](mailto:summer@campeaglehill.com)

ACA Accredited / Director: Jesse Scherer

## 2010 Dates and Rates

	CAMPERS (1st-8th Grade)	SENIORS (9th Grade)	CITs (10th Grade)
<b>FULL SEASON</b> June 27 – August 14	\$7,550	\$8,550**	\$7,650**
<b>JULY</b> June 27 – July 24	\$4,350	\$4,350	\$3,900
<b>AUGUST</b> July 24 – August 14	\$3,400	\$4,400**	\$4,400**

**Teen 3 Day Trip: \$400 Philadelphia**  
 (Additional Mandatory Fee for Full Season and August Session 7th – 8th graders)

**Seniors and CITs – 8 Day Trip in August:**  
**Canada / Niagara Falls**  
 \*\**(price above includes this 8 day trip)*

### Visiting Day

(For full season and July session campers)  
**Saturday, July 17, 2010**

**PLEASE SEE BACK FOR TERMS OF ENROLLMENT / TO ENROLL: Please sign and date the back of this form before returning it. Agreement subject to conditions on reverse side.**

### Payment Schedule / Credit Card Payments

The undersigned agrees to pay Eagle Hill's tuition by either check or credit card (M/C or Visa only) as follows:

- **1st payment: \$1,000 with Application Form**
- **2nd payment: additional \$1,000 by January 1st**
- **3rd payment: additional \$1,500 by March 1st**
- **4th payment: Balance by June 1st**

Enclosed is the minimum deposit of \$1,000 per camper. Please enroll the above named camper(s) in the checked session for the 2010 camp season if space is available at the time the application is received:

- Check Enclosed. (Please make payable to *Camp Eagle Hill*.)
- Charge credit card for the deposit of \$1,000 only.
- Charge credit card in accordance with the above payment schedule.

### Credit Card Information

CREDIT CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME THAT APPEARS ON CARD \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## SIBLING INFORMATION

Name	Birthdate	Grade
Name	Birthdate	Grade
Name	Birthdate	Grade

## EMERGENCY INFORMATION

Name of emergency contact other than parent(s) \_\_\_\_\_

Emergency contact's relationship to camper \_\_\_\_\_

Emergency contact's phone number (            ) \_\_\_\_\_

## TERMS OF ENROLLMENT

1. Camper tuition includes round trip transportation from the Metropolitan New York area, laundry service, food service, refreshments served in the camp's Canteen, and all camp activities including day trips taken from the camp facility. (all transportation and activity admissions during these trips are covered within camper tuition fees) A Teen 3 day Overnight Trip (for campers having just completed 7th & 8th grades) which takes place during August is not included as part of the tuition. This trip is a mandatory extra expense for those families who will have campers of this age at camp during the August session of camp. A Seniors/CITs (for campers having just completed 9th & 10th grades) eight day trip is included as part of the tuition. The Camp reserves the right to offer other programs or services to families on an individualized basis for an additional fee. If necessary, the Camp will transport campers to and from any of the New York Metropolitan area's airports or from Albany, New York. Transportation to or from any of these airports can be provided for a one-way charge of \$100.
2. All money received is fully refundable until March 1, 2010. Cancellations between March 1, and April 15th are subject to a return of 50% of all money received. There will be no refund of monies received after April 15, 2010. It is understood that no reduction, refund, or allowance will be made for late arrival of a camper to camp, or early departure of a camper from camp. It is further understood that the Camp reserves the right to dismiss any camper whose condition, conduct, influence, or behavior, is deemed by the Camp to threaten, or be detrimental to, the Camp, its property and/or members of the camp community. Should dismissal of a camper occur, no reduction or return of collected fees, or any part thereof, will be made.
3. For new campers, there will be a ten day trial period. If for any reason, a child should return home during this trial period, there will be a charge of one half of the tuition and a full refund of the balance.
4. The parent or legal guardian enrolling a child at Camp Eagle Hill acknowledges that the child is accepted in the camp program subject to a complete examination by a physician and the receipt by the Camp of a Camp Medical Form outlining any physical/emotional conditions or limitations.
5. The Camp is not responsible for campers' equipment or personal belongings while in transit or at camp.
6. A signature on the Camp's application form grants to Camp Eagle Hill the permission to use any photograph, video or audio footage, likeness, or thoughts expressed during a camp sponsored interview in which the enrolled camper may appear, or take part in (regarding an interview). This permission shall extend to the Camp while the enrolled camper is actually at camp, or while the camper is participating in any camp sponsored activity (i.e.: a camp reunion) during the full year preceding or following the camper's actual participation in the camp program at the camp facility. All photographs, video or audio footage, likeness, or thoughts expressed during an interview, may be used on an Internet Website, for advertising, or other commercial purposes.
7. Monetary deposits and tuition balance payments will be credited toward a full tuition fee which is due by June 1st. The Camp reserves the right to charge up to 1.5% interest monthly on any unpaid balances after June 1st.
8. The parent or legal guardian and enrolled camper(s) agree to abide by all rules and regulations set by the Camp for the health, safety, and welfare of the children and staff at camp. Such rules and regulations may be provided in publications to camp families or provided to the campers while at camp itself.
9. A signed enrollment form provides the enrolled camper(s) the permission to participate in all camp activities including those that take place off the grounds of camp and require transportation provided by the Camp. Restrictions on certain activity, or prohibitions from inclusion in any activity, need to be noted on camp provided Medical, Confidential Information forms or Activity Permission forms.
10. PERMISSION IS GIVEN TO THE CAMP DIRECTOR OR MEDICAL PERSONNEL SELECTED BY THE CAMP DIRECTOR, TO HAVE THE CHILD/CHILDREN ENROLLED ON THIS FORM, SEEN BY A PHYSICIAN IN A PHYSICIAN'S OFFICE OFF THE GROUNDS OF CAMP, OR AT THE HOSPITAL, WHEN DEEMED NECESSARY. PERMISSION IS FURTHER GIVEN TO A PHYSICIAN SELECTED BY THE CAMP DIRECTOR IN THE EVENT OF SURGICAL OR MEDICAL EMERGENCY, TO PROVIDE HOSPITALIZATION, SECURE PROPER TREATMENT FOR, AND ORDER INJECTIONS, ANESTHESIA, OR SURGERY FOR THE ENROLLED CHILD/CHILDREN NAMED ON THIS APPLICATION FORM.

Please fill in this information below!

1ST ENROLLED CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

2ND ENROLLED CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

3RD ENROLLED CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**I have read the above terms. I am financially responsible for all fees incurred and agree with all terms of this enrollment agreement.**

Parent's or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_