



P.O. BOX 426  
 STANHOPE, NJ 07874  
 (973) 347-1230  
 www.jefflakecamp.com  
 info@jefflakecamp.com

# 2010 Enrollment Application

## Winter Enrollment

Expires April 15<sup>th</sup>, 2010

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

Male  Female School grade 9/10: \_\_\_\_\_

Address (street): \_\_\_\_\_

Address (city, state, zip): \_\_\_\_\_

Age (as of 7/1/10): Yrs: Mths: Birthdate: / /

Parents' Name: Home Phone: \_\_\_\_\_

Bus. Phone Mom: Bus. Phone Dad: \_\_\_\_\_

Mom's Cell: Dad's Cell: \_\_\_\_\_

Family Email: \_\_\_\_\_

	FULL SEASON 6/28-8/20*	1ST HALF 6/28-7/23*	2ND HALF 7/26-8/20*	Six Weeks (any six wks)
Classic Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short Day Program (Pre-K)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus of the Arts (Girls 4th - 8th Grade)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports Only Schedule (Boys 4th - 8th Grade)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If enrolling for six weeks, please specify: \_\_\_\_\_

Does your child swim?  YES  NO

Does child have fear of water?  YES  NO

Has child ever attended Jeff Lake?  YES  NO

If child attended JLC in '09, please indicate camp group # \_\_\_\_\_ (Important for group placement)

If child attended another camp in '09, indicate name:  
 \_\_\_\_\_

If PreK please indicate which Pre-School:  
 \_\_\_\_\_

This will be my child's \_\_\_\_\_ year at Jeff Lake Camp

Is child part of any special education class?  YES  NO

Any allergies or allergic foods (please itemize):  
 \_\_\_\_\_

If yes, does child require Epi-Pen?  YES  NO

Did child take any medication regularly this past year?  YES  NO

If so, what kind:  
 \_\_\_\_\_

Does your child ride a two wheel bicycle?  YES  NO

I was recommended to JLC by: (Name & address)  
 \_\_\_\_\_

Friends who may be interested in JLC: (Name, address, phone)  
 \_\_\_\_\_

Siblings not attending JLC: (Name & age)  
 \_\_\_\_\_

### CAMP FEES:

DEPOSIT ENCLOSED \$ \_\_\_\_\_  
 (\$995/camper)

#### Entering PK - 3rd Grade as of Sept. 2010

Full Season: \$5,475  
 First Half: \$3,885  
 Second Half: \$3,885  
 Six Weeks: \$5,265

#### Entering 4th - 8th Grade as of Sept. 2010

Full Season: \$5,695  
 First Half: \$3,985  
 Second Half: \$3,985  
 Six Weeks: \$5,465

Includes beverage at lunch, snacks at end of day, weekly field trips, towels and all camp materials. Does not include weekend trips or overnights. Permission is granted to Jefferson Lakes Day Camp to use my child's photo in any camp publication and/or web page and to go on camp trips. Parents represent to the Camp that the camper is in sound physical and mental health and fully able to participate in all Camp activities without need of specialized attention or medical regimen and camper's health and behavior will not impact negatively on other campers or the Camp program. The Camp shall have the exclusive right and discretion to make all decisions of the camper's fitness to participate in programs, including the right to dismiss the camper.

\*Dates subject to slight modification in event of early or late school closings.

NO CAMP ON MONDAY, JULY 5<sup>TH</sup>

Parents' Signature  
 \_\_\_\_\_

Date  
 \_\_\_\_\_