



**KENWAL DAY CAMP**  
**100 DREXEL AVENUE**  
**MELVILLE, NY 11747**  
**TEL (631) 694.3399 FAX (631) 694.3841**  
**www.kenwaldaycamp.com**



AGE (as of July 1, 2017) yrs. \_\_\_\_\_ mos. \_\_\_\_\_

M F

CAMPER'S LAST NAME	FIRST NAME	BIRTHDATE	GRADE (SEPT 2017)
ADDRESS	TOWN	ZIP CODE	HOME TEL.
MOTHER'S NAME	BUSINESS #	CELL #	
FATHER'S NAME	BUSINESS #	CELL #	
EMERGENCY CONTACT	HOME #	CELL #	
EMAIL			

**STANDARD CONDITIONS OF ENROLLMENT**

Deposit must accompany each application. Balance to be paid by May 1<sup>st</sup>. All deposits are refundable until March 1<sup>st</sup>. Refunds will be mailed on April 15<sup>th</sup>. Tuition fee includes: transportation, snack, arts & crafts materials, towels and full accident insurance. NO REFUND OF TUITION FOR MISSED DAYS, WITHDRAWAL OR CANCELLATION AFTER March 1<sup>st</sup>. There will be no makeup days for absences. It is understood that digital imaging taken at/ for Kenwal Day Camp may be used for promotional purposes. Parent agrees, their child may be taken to places of recreation and interest without further notice or consent.

**CHECK EACH AND EVERY WEEK YOUR CAMPER WILL ATTEND:**

**WK1** 6/29-30 7/5-6-7    
  **WK2** 7/10-7/14    
  **WK3** 7/17-7/21    
  **WK4** 7/24-7/28  
 **WK5** 7/31-8/4    
  **WK6** 8/7-8/11    
  **WK7** 8/14-8/18    
  **WK8** 8/21-8/24

IF LESS THAN 5, CHECK DAYS CAMPER WILL ATTEND: MON \_\_\_ TUES \_\_\_ WED \_\_\_ THURS \_\_\_ FRI \_\_\_ MINI DAY 9-2 NURS/KND ONLY \_\_\_

EXTREME TEEN: 8WKS \_\_\_ OR 1<sup>ST</sup> 4 WKS \_\_\_ OR LAST 4 WKS \_\_\_ ATTENDING 4 WKS "EXTREME TEEN" & COMBINING WITH TEEN/CIT PROGRAM \_\_\_

TUITION: \$ \_\_\_\_\_ AM CARE: \_\_\_\_\_ PM CARE: \_\_\_\_\_

EXTREME TEEN TUITION: \$ \_\_\_\_\_ LUNCH: HOT \_\_\_ COLD \_\_\_ VEG \_\_\_ BRING \_\_\_

LUNCH: \$ \_\_\_\_\_ **SHIRT SIZE:** YOUTH \_\_\_ XS \_\_\_ S \_\_\_ M \_\_\_ L

**TOTAL:** \_\_\_\_\_ ADULT \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL

DEPOSIT: \_\_\_\_\_

BALANCE: \_\_\_\_\_ PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COMPLETE: MALE \_\_\_ FEMALE \_\_\_ GRADE( SEPT. 2017) \_\_\_\_\_ AGE (as of July 1, 2017) yrs. \_\_\_\_\_ mos. \_\_\_\_\_

CAMPER'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ LUNCH: HOT \_\_\_ COLD \_\_\_ VEG \_\_\_ BRING \_\_\_

TOWN \_\_\_\_\_ PARENT'S CELL \_\_\_\_\_ SCHOOL NAME \_\_\_\_\_

CHECK EACH AND EVERY WEEK YOUR CAMPER WILL ATTEND: \_\_\_\_\_ IF LESS THAN 5 PLEASE CHECK DAYS BELOW:  
 WK1  WK2  WK3  WK4  WK5  WK 6  WK7  WK8    
 MON \_\_\_ TUES \_\_\_ WED \_\_\_ THURS \_\_\_ FRI \_\_\_    
 MINI DAY 9-2NURS/KND \_\_\_

1<sup>ST</sup> TIME KENWAL CAMPER: YES \_\_\_ NO \_\_\_ MAY WE GIVE YOUR NAME FOR PARTIES/PLAY DATES: YES \_\_\_ NO \_\_\_

ALLERGIES/PARENT COMMENTS: \_\_\_\_\_

CAMPER GROUPING: REQUEST (2 ONLY) NOT GUARANTEED, LIST IN ORDER OF PREFERENCE: WE MUST HAVE FIRST & LAST NAME:

1. \_\_\_\_\_ 2. \_\_\_\_\_

**TRANSPORTATION INFORMATION: PLEASE COMPLETE**

\_\_\_\_\_  
CAMPER'S LAST NAME FIRST

\_\_\_\_\_  
ADDRESS

NAME OF CLOSEST INTERSECTING STREET:  
\_\_\_\_\_

\_\_\_\_\_  
TOWN & ZIP CODE CELL NO. HOME TEL.

CAMPER MAY ENTER HOME ALONE: YES \_\_\_\_\_ NO \_\_\_\_\_

MINI DAY 9-2 NURS/KND ONLY \_\_\_\_\_

IF LESS THAN 5 DAYS PER WEEK PLEASE CHOOSE THE DAYS YOU WANT:

MON \_\_\_\_\_ TUES \_\_\_\_\_ WED \_\_\_\_\_ THURS \_\_\_\_\_ FRI \_\_\_\_\_

CHECK A BOX FOR EACH WEEK YOUR CAMPER WILL ATTEND:

\_\_\_ WK1 6/29-30 7/5-6 -7

\_\_\_ WK2 7/10-7/14

\_\_\_ WK3 7/17-7/21

\_\_\_ WK4 7/24-7/28

\_\_\_ WK5 7/31-8/4

\_\_\_ WK6 8/7-8/11

\_\_\_ WK7 8/14-8/18

\_\_\_ WK8 8/21-8/24