



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, 2018) yrs. _____ mos. _____

M F

CAMPER'S LAST NAME _____ FIRST NAME _____ BIRTHDATE _____ GRADE (SEPT 2018) _____

ADDRESS _____ TOWN & ZIP CODE _____ TELEPHONE # _____

MOTHER'S NAME _____ BUSINESS # _____ CELL # _____

FATHER'S NAME _____ BUSINESS # _____ CELL # _____

EMERGENCY CONTACT _____ HOME # _____ CELL # _____

EMAIL _____ OPTIONAL: OCCUPATION _____

STANDARD CONDITIONS OF ENROLLMENT: Deposit must accompany each application. Balance to be paid by May 1st. All deposits are refundable until March 1st. Refunds mailed on April 15th. Tuition fee includes: transportation, snack, arts & crafts materials, towels and full accident insurance. NO REFUND OF TUITION FOR MISSED DAYS, WITHDRAWAL OR CANCELLATION AFTER APRIL 1ST. 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 / interest without further notice or consent. Parent agrees to abide by the provisions of the Kenwal Day Camp Parent Handbook.

CHECK EACH AND EVERY WEEK YOUR CAMPER WILL ATTEND:

WK1 6/25-6/29 WK2 7/2-7/6 (closed 7/4) WK3 7/9-7/13 WK4 7/16-7/20

WK5 7/23-7/27 WK6 7/30-8/3 WK7 8/6-8/10 WK8 8/13-8/17

IF LESS THAN 5, CHECK DAYS CAMPER WILL ATTEND: MON TUES WED THURS FRI MINI DAY 9-1 NURS ONLY

EXTREME TEEN: 8WKS OR 1ST 4 WKS OR LAST 4 WKS ATTENDING 4 WKS "EXTREME TEEN" & COMBING 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: _____

PLEASE SIGN BELOW

BALANCE: _____

PARENT OR GUARDIAN _____ DATE _____

COMPLETE: MALE FEMALE GRADE (SEPT.2018) _____ AGE (as of July 1, 2018) 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 WK6 WK7 WK8 MON TUES WED THURS FRI MINI DAY 9-1 NURS ONLY

1ST 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.

CLOSED WEDNESDAY JULY 4TH

CAMPER MAY ENTER HOME ALONE: YES NO

NURSERY CAMPERS UNDER 4 YEARS OF AGE WILL NEED A CARSEAT: please check _____

MINI DAY 9-1 NURS 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 6/25-6/29

WK2 7/2-7/6 CLOSED WEDNESDAY 7/4

WK3 7/9-7/13

WK4 7/16-7/20

WK5 7/23-7/27

WK6 7/30-8/3

WK7 8/6-8/10

WK8 8/13-8/17