

**Purchase Day Camp**  
**3095 Purchase Street**  
**Purchase, New York 10577**



**T: 914-949-2636**  
**F: 914-949-0955**  
**purchasedaycamp.com**

# 2012 Purchase Day Camp Little Sprouts Mini Camp

Camper's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
 (Last) (First) Mo. Day Yr. (Campers must be 3 by Sept. 1, 2012)

Address \_\_\_\_\_ Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
 (Street) (City) (State) (Zip)

Sex:  Boy  Girl Name of School or Pre-School attending in Sept. 2012: \_\_\_\_\_

**Program Options**

Fees: \$550.00 per session/\$1500.00 for all 3 PDC Camper Discount Price: \$350.00 per session/\$900.00 for all 3

# of Sessions requested: \_\_\_\_\_ Week(s) requested:  June 4 - June 8  June 11- June 15  June 18- June 22

2012 Purchase Day Camper?  Yes  No Toilet Trained?  Yes  No

Placement Request:  
 Camper/Friend 1. \_\_\_\_\_ Camper/Friend 2. \_\_\_\_\_

(While not guaranteed, it is more likely for us to honor a placement request to be with one child rather than several children.)

**Parent Information**

Father \_\_\_\_\_  
 (Last) (First)

Address \_\_\_\_\_  
 (If different from camper's)

Phone (\_\_\_\_)\_\_\_\_(\_\_\_\_)\_\_\_\_  
 (Home - if different from camper's) (Business)

(\_\_\_\_)\_\_\_\_(\_\_\_\_)\_\_\_\_  
 (Cell phone) (Pager)

E-mail \_\_\_\_\_

**Parent Information**

Mother \_\_\_\_\_  
 (Last) (First)

Address \_\_\_\_\_  
 (If different from camper's)

Phone (\_\_\_\_)\_\_\_\_(\_\_\_\_)\_\_\_\_  
 (Home - if different from camper's) (Business)

(\_\_\_\_)\_\_\_\_(\_\_\_\_)\_\_\_\_  
 (Cell phone) (Pager)

E-mail \_\_\_\_\_

Allergies, Medical Conditions, or Special Needs, if any?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OFFICE USE ONLY**

Deposit Amount: \$ \_\_\_\_\_

Check #: \_\_\_\_\_ Cash Receipt #: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Group Placement: \_\_\_\_\_

Policy? **Yes No** Release? **Yes No** Payment Authorization? **Yes No**

I have read and agree to the Little Sprouts Mini Camp 2012 Enrollment Policies. I hereby enroll my child for the 2012 Little Sprouts Mini Camp season. One session/week payment is due at registration. Payment:  Check Enclosed  Charge My Card

**Sign Here** \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature



2012



2012

**RELEASE**

In consideration of participating in the activities at the Purchase Community, Inc. (DBA Purchase Community House or Purchase Day Camp and herein referred to as "PCH") and to use the equipment and facilities, the undersigned adult participant or parent or guardian in the case of a minor, agrees and acknowledges the following:

1. I hereby acknowledge and accept that the activities and use of some of the equipment at the PCH may involve inherent risks and could result in injury. I know the nature of the activities that my child is participating in and believe that my child is qualified to participate in the activities. I expressly state that my child is in good health and has no limitations that would preclude my child's safe use of the equipment and facilities of the PCH. I acknowledge that if I deem the facilities and the equipment of the PCH to be unsafe I will not have my child participate in the related activity.

2. I hereby release, indemnify and discharge the PCH, its employees, volunteers, directors, affiliates, agents and successors and assigns, from any and all liabilities, suits, claims, and damages (including attorneys' fees) incurred by me or my child arising out of the use or intended use of the PCH, its equipment or its facilities, including, without limitation, all claims for property damage, personal injuries or wrongful death, other than as a result of gross negligence, or intentional misconduct of the PCH.

3. I understand that the PCH and its personnel have the right to deny access to its facilities to any individual permanently or for a specified period of time, for any breach of any of the rules and regulations of the PCH and for any conduct that is viewed as unsafe or inappropriate.

4. I expressly state that I have read this document and I understand all of its provisions and that I fully acknowledge the nature and extent of the activities conducted at the PCH and the use of the facilities.

5. I hereby voluntarily assume those risks and understand that I will be solely responsible for injury, loss, damage or death to my child while my child is using the facility and participating in the activities therein.

6. I hereby give permission and authorization to the Purchase Community, Inc. to use my child's photograph, portrait or image in connection with the Purchase Community Inc, brochures, websites, video or any other means of promotion or advertising.

7. I hereby affirm that I am the participant or parent or legal guardian of the child stated below.

\_\_\_\_\_  
Child's Name (PLEASE PRINT FIRST & LAST)

\_\_\_\_\_  
Child's Name (PLEASE PRINT FIRST & LAST)

\_\_\_\_\_  
Child's Name (PLEASE PRINT FIRST & LAST)

\_\_\_\_\_  
Child's Name (PLEASE PRINT FIRST & LAST)

\_\_\_\_\_  
Child's Name (PLEASE PRINT FIRST & LAST)

\_\_\_\_\_  
Child's Name (PLEASE PRINT FIRST & LAST)

\_\_\_\_\_  
**PRINT** Name of Parent or Guardian

\_\_\_\_\_  
**Signature** of Parent or Guardian

\_\_\_\_\_  
**DATE:** mm/dd/year





## Credit Card Payment Authorization

I authorize The Purchase Community, Inc. (DBA - Purchase Day Camp or Purchase Community House) to charge my credit card listed below for any payments not received by the applicable deadline.

Payments may be made by check, cash or credit card. Even if you plan to pay by check or cash, we require a credit card on file. Your credit card will not be charged if payments are made by the applicable due dates. Any balance remaining after each deadline will be charged to your credit card. Any enrollment extensions or program additions will automatically be charged to your card.


### **The following information is required**

Family Last Name: \_\_\_\_\_

Participant's Name(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Billing Name (as it appears on the credit card): \_\_\_\_\_

Address (associated with the card): \_\_\_\_\_

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
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Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

\*\*\*I understand that my credit card will automatically be charged if payments are not made by check or cash by the above due dates. **Initial Here**  \_\_\_\_\_

**Sign Here**  \_\_\_\_\_

Date: \_\_\_\_\_