



2017 Purchase Day Camp 2017



Little Sprouts Enrollment Application

Camper's Name: _____ Birth Date: ____/____/____ Age (as of July 1, 2017): ____
(Last) (First) Month Day Year

Address: _____ Home Phone: _____
(Street) (City) (State) (Zip)

Gender: Boy Girl Grade 2017-18: _____ School 2017-18: _____

Special Placement Requests: Camper/Friend: _____

Allergies, Medical Conditions, or Special Needs if any: _____

Choose <u>Which</u> Week(s) You Want-Check Each Week Requested					
<input type="checkbox"/>	Week 1: June 5-9	<input type="checkbox"/>	Week 2: June 12-16	<input type="checkbox"/>	Week 3: June 19-23
Choose How Many Weeks	Little Sprouts Mini Camp 2017 Fees		Discounted Fees for Enrolled 2017 Purchase Day Campers		
Program	Mini Day	Full Day	Mini Day	Full Day	
Hours	9am -1pm	9am - 3pm	9am - 1pm	9am - 3pm	
1 Week	<input type="checkbox"/> \$625	<input type="checkbox"/> \$750	<input type="checkbox"/> \$425	<input type="checkbox"/> \$550	
2 Weeks	<input type="checkbox"/> \$1225	<input type="checkbox"/> \$1475	<input type="checkbox"/> \$825	<input type="checkbox"/> \$1075	
3 Weeks	<input type="checkbox"/> \$1650	<input type="checkbox"/> \$2025	<input type="checkbox"/> \$1050	<input type="checkbox"/> \$1425	

Mother or Guardian

Name: _____ Home Phone (If different from camper): _____
(Last) (First)

Address (If different from camper): _____ Business Phone: _____

Cell Phone: _____ Email Address: _____

Father or Guardian

Name: _____ Home Phone (If different from camper): _____
(Last) (First)

Address (If different from camper): _____ Business Phone: _____

Cell Phone: _____ Email Address: _____

Please read and sign our Enrollment Policies on the reverse side



2017 Little Sprouts Enrollment Policies



REGISTRATION: Campers must be a minimum of 3 years of age by September 1, 2017 or a Purchase Children’s Center Student and toilet trained prior to camp’s start date.

Additional week extensions must begin on a Monday. Partial weeks are not permitted. Requests for extensions must be submitted to the office by noon on the preceding Friday. Purchase Day Camp cannot guarantee space availability for additions or extensions in enrollment. Attendance at special programs requires enrollment during the week of the event.

PAYMENT: A deposit equal to one session payment is due at registration. Final balance is due by April 1st.

REDUCTION AND CANCELLATION: All applications canceled on or before June 1st will result in a forfeit of one session payment.

All applications canceled after June 2nd will result in the total amount of fees and charges then due and payable to be retained by Purchase Day Camp. If the total amount of fees and charges has not been received by the Purchase Day Camp at time of cancellation, the amount outstanding shall be due and payable to Purchase Day Camp immediately.

GENERAL: The Camp will release children to either parent or persons authorized by same on site at any time during the day if parental arrangements for pick up have been made beforehand with the camp office. All visitors must sign in at the office.

I acknowledge that I have read and agreed to the release accompanying this application and have included a signed copy.

Medical forms, complete with records of up to date immunizations must be completed with the doctor’s and parent’s signature by May 1st. Due to Health Department regulations, failure to comply will effect enrollment status. Medical reimbursement accident insurance is included in the camp fee.

I give my child permission to carry and use sunscreen during the camp season.

I understand that the Camp will make my email, phone number and address available to the camp population for car pool and play date purposes unless directed otherwise in writing.

The camp is given irrevocable permission and authorization to use the child’s photograph, portrait or image in connection with the camp’s brochure, website, video or any other means of promotion or advertising.

Purchase Day Camp reserves the right to refuse the enrollment of any child or to cancel this enrollment agreement at any time based on its sole and exclusive determination that the child’s physical, mental, or emotional condition, would prevent that child from participating safely and satisfactorily in the programs offered; would prevent the child from interacting positively with other campers or TEAM Members; or would negatively impact on Purchase Day Camp’s ability to offer its fundamental services. The camp can initiate the cancellation of this agreement and the dismissal of the child if, during the camp season, the child or his/her agents exhibits unacceptable behavior which prevents our TEAM Members from safely supervising him/her or proves detrimental to himself/herself, other campers or TEAM Members as determined by the Camp Director.

The Purchase Day Camp is required to obtain a permit to operate from the New York Department of State. The Camp is also required to be inspected twice each year by the permit issuing authority. Information concerning these inspections is filed with the Westchester County Department of Health, Bureau of Public Health Protection, 25 Moore Avenue, Mount Kisco, NY 10549.

I have read and agree to the above policies as stated.

_____ Signature of Parent/Guardian	_____ Print name of Parent/Guardian	_____ Camper Name	_____ Date
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Office Use Only:

2017



2017

RELEASE
(Complete One Per Family)

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.

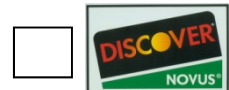
The following information is required

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): _____



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 applicable due dates. **Initial Here** _____

Sign Here _____

Date: _____