



LI Voyager's Day Camp 2016 Registration Form

MANDATORY
Please attach current
photo of your Child here
(including returning campers)

Camper information:

Child's Name: _____ Child's Date of Birth: _____

Gender: M F School: _____ Grade after Summer 2016? _____

Child's T-shirt size (Please Check One) Child: S (6-8) M (10-12) L (14-16) or Adult: S M L XL

Family Information: Are You a Returning Family: Yes No How did you hear about Long Island Voyagers Day Camp? _____

(Primary contact for child)

Parent 1 Name: Mr. Ms. Mrs. _____

Is this the person responsible for billing? Yes No

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Street: _____

City: _____ State: _____ Zip: _____

Email: _____

(Secondary contact for child)

Parent 2 Name: Mr. Ms. Mrs. _____

Is this the person responsible for billing? Yes No

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Street: _____

City: _____ State: _____ Zip: _____

Email: _____

*Please check the
first phone # that
should be called in
an emergency.*

Enrollment Agreement:

1. Long Island Voyager's Day Camp has permission for my child to participate in all camp programs. Including field trips that are planned and supervised by long Island Voyager's Day Camp.
2. Long Island Voyager's Day Camp has the unrestricted right to terminate this enrollment agreement at its sole discretion. In the event of such termination due to camper behavior. Long Island Voyager's Day camp is not obligated to refund tuition or any unused amount of the tuition.
3. CANCELLATION POLICY: If canceling before March 1, 2016, 50% tuition is refundable. After May 1, 2016, total tuition is non-refundable. All deposits are non-refundable regardless of circumstances.
4. Long Island Voyager's Day Camp will not refund any tuition fees if your child has been expelled from the camp. He and/or she will be given three (3) warnings prior to being expelled.
5. Long Island Voyager's Day Camp has permission to reproduce and publish any photograph, video or likeness of my child for advertising, commercial or any lawful purpose.
6. Long Island Voyager's Day Camp has permission to treat my child for routine, minor injuries such as scrapes and bruises. In the event that a parent, emergency contact or the family physician cannot be contacted in an emergency. Long Island Voyager's Day Camp has the permission to have my child examined at a hospital emergency room.

Parent Signature: _____

Date: _____

LI Voyager's Day Camp 2016 Enrollment Worksheet

Please choose your weeks below

June/July 2016				
Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 27 WEEK 1	<input type="checkbox"/> 28 WEEK 1	<input type="checkbox"/> 29 WEEK 1	<input type="checkbox"/> 30 WEEK 1	<input type="checkbox"/> 1 WEEK 1
<input type="checkbox"/> 4 CLOSED	<input type="checkbox"/> 5 WEEK 2	<input type="checkbox"/> 6 WEEK 2	<input type="checkbox"/> 7 WEEK 2	<input type="checkbox"/> 8 WEEK 2
<input type="checkbox"/> 11 WEEK 3	<input type="checkbox"/> 12 WEEK 3	<input type="checkbox"/> 13 WEEK 3	<input type="checkbox"/> 14 WEEK 3	<input type="checkbox"/> 15 WEEK 3
<input type="checkbox"/> 18 WEEK 4	<input type="checkbox"/> 19 WEEK 4	<input type="checkbox"/> 20 WEEK 4	<input type="checkbox"/> 21 WEEK 4	<input type="checkbox"/> 22 WEEK 4

July/August 2016				
Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 25 WEEK 5	<input type="checkbox"/> 26 WEEK 5	<input type="checkbox"/> 27 WEEK 5	<input type="checkbox"/> 28 WEEK 5	<input type="checkbox"/> 29 WEEK 5
<input type="checkbox"/> 1 WEEK 6	<input type="checkbox"/> 2 WEEK 6	<input type="checkbox"/> 3 WEEK 6	<input type="checkbox"/> 4 WEEK 6	<input type="checkbox"/> 5 WEEK 6
<input type="checkbox"/> 8 WEEK 7	<input type="checkbox"/> 9 WEEK 7	<input type="checkbox"/> 10 WEEK 7	<input type="checkbox"/> 11 WEEK 7	<input type="checkbox"/> 12 WEEK 7
<input type="checkbox"/> 15 WEEK 8	<input type="checkbox"/> 16 WEEK 8	<input type="checkbox"/> 17 WEEK 8	<input type="checkbox"/> 18 WEEK 8	<input type="checkbox"/> 19 WEEK 8

Step 2: Please count the number of weeks for each selection above and select the corresponding fees below, then total them to the right:

2016 Rates:

No. Of Weeks	Early Bird Through 1/31	Discount 2/1-4/30	Seasonal After 5/1
2	\$1,195	\$1,245	\$1,295
3	\$1,695	\$1,745	\$1,795
4	\$2,195	\$2,245	\$2,295
5	\$2,495	\$2,545	\$2,595
6	\$2,795	\$2,845	\$2,895
7	\$2,995	\$3,045	\$3,095
8	\$3,295	\$3,345	\$3,395
DEPOSIT	\$300	\$500	50%

Camp Fee:	\$ _____
Deposit:	\$ _____
TOTAL FEES:	\$ _____

Price include: Transportation, All activities, Insurance, Camp shirt, Certificates and Awards

Step 3: Enter payment information. (Please check one) Check Cash Credit Card (all credit cards will be charged 5%)

Name on Card: _____

Card Type: Visa Mastercard Discover

Card #: _____ Exp. Date: _____ CV: _____



Please return to:
 Long Island Voyager's Day Camp
 P.O. Box 1111
 West Babylon, New York 11704