



FOR OFFICE USE ONLY	
SS	E S _____
Deposit \$	_____
CK#	Date _____

ENROLLMENT FORM 2011

CHECK ONE (grade): Little Willows (N-K) Junior Camp (1-3) Senior Camp (4-6)
 Super Senior (7, 8) Counselor-in-Training (9, 10)

NAME OF CHILD: _____

SEX: Male Female **BIRTHDATE:** ___/___/___ **GRADE AS OF 9/11:** _____

PARENT 1 NAME: _____ **PARENT 2 NAME:** _____

ADDRESS: _____

OTHER ADDRESS (if applicable): _____

PAR. 1 HOME PHONE: (____) ____-____ **WORK:** (____) ____-____ **CELL:** (____) ____-____

PAR. 2 HOME PHONE: (____) ____-____ **WORK:** (____) ____-____ **CELL:** (____) ____-____

EMERGENCY NAME: _____ **NUMBER:** (____) ____-____

DESIRED CAMP PERIOD (check one):

- 8 Weeks — 6/27 through 8/19 4 Weeks — 6/27 through 7/22
- 6 Weeks — 6/27 through 8/05 4 Weeks — 7/25 through 8/19

(If 6 weeks, please specify weeks)

** Any changes to these dates must be discussed with the camp director
 * No camp Monday, July 4th*

ADDITIONAL INFORMATION:

- *Medical or general concerns:* _____
- *Special Interests:* _____
- *My child would like to be in the same group with (2 names only):* _____
(We can only commit to honoring mutual requests)
- *Please check if you DO NOT want us to release your name and phone number to other campers:*
- *Name of school camper attends:* _____
- *How many years have you been a Willow Lake camper?* _____
- *First time campers, how did you hear about us?* _____
- *If child attended another day camp last summer, please specify:* _____
- *Friends who may be interested in WLDC (name, address & phone):* _____

 (____) ____ - ____
- *If applicable, please list any siblings who are not attending WLDC (name & age):* _____

Turn Over

EMERGENCY MEDICAL ATTENTION

I authorize any hospital, doctor, nurse, or other health care provider to discuss any medical condition about my child with the camp when the camp staff believes it to be in the best interest of the child.

TRIP PERMISSION

_____ has my permission to participate in any trip planned by Willow Lake Day Camp.

PHOTOGRAPHY PERMISSION

I grant Willow Lake Day Camp the right and privilege to take pictures during the camp season and use them in a variety of camp newsletters and publications.

INSURANCE INFORMATION

(We use the listed parent's primary health coverage.)

Health Insurance Company Name: _____

Subscriber's Name: _____

Policy Number: _____

CAMP DISMISSAL NOTICE

Camp reserves the right to dismiss any camper whose continued presence at camp, in its sole discretion, is not in the camp's best interest. In the event of dismissal or voluntary withdrawal of any camper, it will be at the discretion of the camp as to the refund, if any, given. I have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that he or she is familiar with these rules and will obey them.

By signing and dating below, I am agreeing to the terms stated above.

_____ DATE

_____ PARENT OR GUARDIAN SIGNATURE

Camper Shirt Size:	Youth	S	M	L
<i>(Please Circle)</i>	Adult	S	M	L

Mail this completed registration form together with a deposit of **\$500.00 for each child** to:

*Willow Lake Day Camp
P.O. Box 1266
Highland Park, NJ 08904-1266*

* THE CAMP WILL NOT BE RESPONSIBLE FOR ANY CAMPER'S POSSESSIONS LOST OR DAMAGED AT CAMP
* PLEASE MAKE SURE BOTH SIDES OF THIS FORM ARE COMPLETELY FILLED IN
* DATES SUBJECT TO CHANGE IF SCHOOL CLOSING DATE CHANGES