

CAMP PLAYLAND - 2009

Located at: 800 Ponus Ridge Rd., New Canaan, CT 06840

Mailing Address: P.O. Box 4718, Stamford, CT 06907

Phone: 203-966-2937 • Fax: 203-966-2325

Email: playlanddaycamp@aol.com

Website: www.campplaylandofnewcanaan.com

Name	Male / Female	Birthdate	Grade entering in Sept. 2009	# of years at Playland
Camper 1 _____				
Camper 2 _____				
Camper 3 _____				

Home Address _____
Street Town State Zip

Home Phone _____ Family Email Address _____

Summer Address (if different) _____
Street Town State Zip

Summer Phone _____

Mother's Name (Dr., Mrs., Ms.) _____

Home Phone _____ Business Phone _____ Cell Phone _____

Father's Name (Dr., Mr.) _____

Home Phone _____ Business Phone _____ Cell Phone _____

CHECK DESIRED PROGRAM:

FULL SEASON PROGRAM:

_____ Tuesday, June 30 – Thursday, August 20 \$5,900.00*

HALF SEASON PROGRAM OPTIONS:

_____ Tuesday, June 30 – Friday, July 24 \$3,750.00*

_____ Monday, July 27 – Thursday, August 20 \$3,750.00*

*an additional tennis fee will be added for "Upper Camp" campers (entering 3rd grade and up) - \$175.00 for Full Season campers / \$100.00 for Half Season campers

Deposit of \$600.00 per child must accompany this application. Deposits are refundable up until December 15, 2008. The balance of the tuition is due on March 1, 2009. Deposits are non-refundable after December 15, 2008 and no tuition will be refunded after March 1, 2009. It is understood that no credit will be given for camp closings, absences, family vacations, transportation delays or withdrawals.

Signature _____ Date _____

The above signature authorizes Camp Playland to take camper(s) off campus for tennis lessons and to pursue any emergency measures. Camp Playland does not provide accident or health insurance for campers.

Please read reverse side

CAMPERS' LAST NAME _____

CAMP CALENDAR

FULL SEASON PROGRAM

Tuesday, June 30* to Thursday, August 20

HALF SEASON PROGRAM OPTIONS:

Tuesday, June 30* to Friday, July 24 or Monday, July 27 to Thursday, August 20

NO CAMP - FRIDAY, JULY 3RD

DAYS: Monday through Friday

HOURS: 9:30 a.m. – 4:00 p.m.

**The first day of camp is contingent upon the closing of public schools.*

A health form to be filled out by your physician and an emergency form must be on file prior to the start of camp. These may be downloaded at any time from the website.

In order to best serve your camper(s), please share any and all information that would be helpful to us; i.e. strengths, special needs, social concerns, allergies, medical issues: _____

Group preference (friends to be grouped with): _____

School camper(s) attends: _____

TRANSPORTATION

Campers from Stamford and New Canaan will be transported as close to home as deemed feasible by the camp. **Campers may be required to meet the bus on a main road.** Transportation in all other towns will be from central pick-up points (such as a school parking lot or a cul-de-sac). In the morning, all buses start at a point furthest from camp. In the afternoon, the bus will leave camp and work its way back to the furthest point. The first stop in the morning is the last stop going home.