

CAMP PLAYLAND - 2020

Located at: 802 Ponus Ridge, New Canaan, CT 06840

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

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

Email: info@campplayland.com • Website: www.campplaylandofnewcanaan.com

Name	Male/Female	Birthdate	Current School Grade	# of years at Playland
Camper 1				
Camper 2				
Camper 3				
Camper 4				

Home Address _____
Street Town State Zip

Summer Address _____
 (if different) Street Town State Zip

Home Phone _____

Parent/Guardian 1 _____

Business Phone _____ Cell Phone _____

Email _____

Parent/Guardian 2 _____

Business Phone _____ Cell Phone _____

Email _____

CHECK DESIRED PROGRAM AND CHOOSE WEEKS: THERE IS A TWO-WEEK MINIMUM. IF YOU CHOOSE TWO WEEKS, THEY MUST BE CONSECUTIVE. PRE-K THROUGH SENIOR CAMP (ENTERING GRADES 7, 8 & 9). EARLY DROP-OFF & LATE PICK-UP AVAILABLE AT NO ADDITIONAL CHARGE, 8:00 AM – 5:30 PM. **Deposit of \$800.00 per child must accompany this application. There will be a 5% discount for each additional child in a family. Camp Playland has a no tipping policy.**

	FULL DAY 9:15 am – 4:00 pm Available to all campers Includes lunch and morning and afternoon bus transportation	SHORT DAY PRE-K CAMP 9:15 am – 2:00 pm OPTIONAL program for 3 and 4 year olds NOT entering Kindergarten Includes lunch and <u>morning bus</u> <u>transportation only</u> – Parent pick-up at 2:00 pm	
8 WEEKS	<input type="checkbox"/> \$7,725.00	<input type="checkbox"/> \$7,525.00	<input type="checkbox"/> Wk 1 , 06/22 – 06/26
7 WEEKS <small>ANY 7 WEEKS; PLEASE SELECT</small>	<input type="checkbox"/> \$7,395.00	<input type="checkbox"/> \$7,195.00	<input type="checkbox"/> Wk 2 , 06/29 – 07/02 <small>(NO CAMP, FRIDAY, JULY 3rd)</small>
6 WEEKS <small>ANY 6 WEEKS; PLEASE SELECT</small>	<input type="checkbox"/> \$7,095.00	<input type="checkbox"/> \$6,895.00	<input type="checkbox"/> Wk 3 , 07/06 – 07/10
5 WEEKS <small>ANY 5 WEEKS; PLEASE SELECT</small>	<input type="checkbox"/> \$6,225.00	<input type="checkbox"/> \$6,025.00	<input type="checkbox"/> Wk 4 , 07/13 – 07/17
4 WEEKS <small>ANY 4 WEEKS; PLEASE SELECT</small>	<input type="checkbox"/> \$5,225.00	<input type="checkbox"/> \$5,025.00	<input type="checkbox"/> Wk 5 , 07/20 – 07/24
3 WEEKS <small>ANY 3 WEEKS; PLEASE SELECT</small>	<input type="checkbox"/> \$4,045.00	<input type="checkbox"/> \$3,845.00	<input type="checkbox"/> Wk 6 , 07/27 – 07/31
2 WEEKS <small>*CONSECUTIVE WEEKS ONLY</small>	<input type="checkbox"/> \$2,845.00	<input type="checkbox"/> \$2,645.00	<input type="checkbox"/> Wk 7 , 08/03 – 08/07
			<input type="checkbox"/> Wk 8 , 08/10 – 08/14

There is an additional fee for Senior Camp campers (entering grades 7,8 & 9) to cover their **trips and special programs** – \$300.00 for the 8 week program, \$250.00 for 7 weeks, \$225.00 for 6 weeks, \$200.00 for 5 weeks, \$150.00 for 4 weeks, \$125.00 for 3 weeks and \$100.00 for 2 weeks.

TERMS OF AGREEMENT

1. I understand that the \$800.00 deposit will be paid upon enrollment and my full balance is due April 1, 2020.
2. Deposits will be refunded due to cancellation prior to April 1, 2020. After April 1, 2020, no tuition will be refunded.
3. **It is understood that no credit will be given for camp closings, absences (medical or otherwise), family vacations, transportation delays or withdrawals.**
4. Camp Playland reserves the right to terminate a child's enrollment for any reason pertaining to the safety and welfare of all campers.
5. I understand that a current HEALTH FORM (dated within 36 months) filled out by my physician must be on file prior to the start of camp. These may be downloaded at any time from the website.
6. I hereby give permission for my child to participate in all camp activities.
7. I hereby give permission for Camp Playland to pursue any emergency measures.
8. Camp Playland does not provide accident or health insurance for campers.
9. I hereby give permission for photographs and video to be taken of my child and used for promotional uses, including but not limited to brochures, website, advertisement and/or social media.

Please sign and date below. Your signature indicates that you have read and agree to the above "Terms of Agreement".

Parent/Guardian Signature _____ Date _____

<p style="text-align: center;">2020 SUMMER CAMP SEASON Monday, June 22nd - Friday, August 14th <i>The first day of camp is contingent upon the closing of New Canaan Public Schools</i></p> <p style="text-align: center;">NO CAMP - FRIDAY, JULY 3rd</p> <p style="text-align: center;">DAYS: Monday through Friday HOURS: 9:15 am - 4:00 pm Early Drop-off & Late Pick-up available at no additional charge, 8:00 am - 5:30 pm</p>

TRANSPORTATION

Campers 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. 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.

Group preference (friends to be grouped with): _____

School attending: _____

In order to best serve your camper(s) please share any and all information that would be helpful to us; i.e. strengths, weaknesses, social concerns, allergies, medical issues, special needs (does your child receive support services, private counseling, have an aide in school?):
