



# MOUNT TOM DAY CAMP

48 Mount Tom Road, New Rochelle, N.Y. 10805

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OFFICE USE  
GROUP \_\_\_\_\_  
TRANS \_\_\_\_\_

## APPLICATION 2017 - PLEASE PRINT CLEARLY

Male  
 Female

Child's Name \_\_\_\_\_  
Last First Date of Birth

Address: \_\_\_\_\_  
Street City State Zip

Grade Sept. 2017: \_\_\_\_\_ Camp attended in 2016 \_\_\_\_\_

2017 will be \_\_\_\_\_ year at Mount Tom. School Name  
Siblings in Camp:  Yes  No

Parent 1: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Home Address & Phone: (if different than above)

Parent 2: \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Home Address & Phone: (if different than above)

### Programs and Rates

➔ Choose a Program and Session

Session	Full Day 9-4(Ages 3 - 15)	Mini Day 9-2(Entering Pre-K & K)	Half Day Early Childhood 8:30-12:30(Ages 3 - 4 1/2)	<input type="checkbox"/> Full Day <input type="checkbox"/> Mini Day <input type="checkbox"/> Half Day Early Childhood
8 Weeks	\$6,900	\$5,800	\$4,000	<b>SELECT ONE:</b> <input type="checkbox"/> 8 Weeks 6/26-8/18 <input type="checkbox"/> 1st 4 Weeks 6/26-7/21 <input type="checkbox"/> 1st 6 Weeks 6/26-8/4 <input type="checkbox"/> last 6 Weeks 7/10-8/18 <input type="checkbox"/> 2nd 4 Weeks 7/24-8/18 <b>OR</b> <b><u>If session is not listed above, select the weeks:</u></b> <input type="checkbox"/> June 26- 30 <input type="checkbox"/> July 24-28 <input type="checkbox"/> July 3-7 <input type="checkbox"/> July 31-4 <input type="checkbox"/> July 10-14 <input type="checkbox"/> August 7-11 <input type="checkbox"/> July 17-21 <input type="checkbox"/> August 14-18
7 Weeks	\$6,600	\$5,600	\$3,900	
6 Weeks	\$6,000	\$5,100	\$3,500	
5 Weeks	\$5,300	\$4,500	\$3,000	
4 Weeks	\$4,500	\$3,800	\$2,400	
3 Weeks	\$3,375	\$2,900	\$1,800	
2 Weeks	\$2,250	\$2,000	\$1,200	
<input type="checkbox"/> L.I.T. Program (entering 10 <sup>th</sup> grade)				

**A 5% sibling discount is applied after the first child.**  
There is a \$25 per week charge for transportation from Manhattan.  
A deposit of \$600 must accompany this application.  
Full payment is due by April 1, 2017.

Group Placement: I would like my child to be in the same group as \_\_\_\_\_  
(It is understood that the children are the same approximate age.) If possible, this request will be honored.

\***T-Shirt Size:** S (6-8) \_\_\_ M (10-12) \_\_\_ L (14-16) \_\_\_ Adult: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_  
\*T-Shirts are ordered prior to camp season. Please be sure to order the right size. **T-SHIRTS CANNOT BE EXCHANGED.**

IN EMERGENCY CALL (Other than parents). Those listed are authorized to pick up my child from camp.

Name	Relationship	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Special Instructions and Medical Needs \_\_\_\_\_

Food Allergies \_\_\_\_\_

**Parental permission is required to release addresses and e-mail to other parents for parties, play dates, etc.**  
I give permission to release address \_\_\_yes\_\_\_no Parent 1 e-mail \_\_\_yes\_\_\_no

**-OVER-**

**(MUST COMPLETE TRANSPORTATION INFORMATION AND SIGNATURE ON BACK)**

**Transportation Information:** Must be completed for bus pick-up.  
 IF PICK UP & DROP OFF ADDRESS IS DIFFERENT THAN HOME, PLEASE PROVIDE FULL ADDRESS, PHONE NUMBER AND INSTRUCTIONS:  
 PICK-UP

DROP-OFF

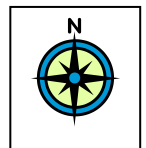
**COMPLETE THE MAP BELOW:**

Show exact location of house by marking map with an X on correct side of street.  
 Fill in all streets bordering your house. Show nearest main roads. If one way street, indicate with an arrow which direction. Indicate if your house is on a dead-end street or in a cul-de-sac.

Is your street a busy thoroughfare? \_\_\_\_\_

We live between these two streets: \_\_\_\_\_ and \_\_\_\_\_

The nearest MAIN road is: \_\_\_\_\_

**IF YOU ARE PLANNING TO PROVIDE YOUR OWN TRANSPORTATION, PLEASE INDICATE THAT HERE. OTHERWISE, ARRANGEMENTS FOR BUS TRANSPORTATION WILL BE MADE.**

Please note: PM transportation is not available for the Half Day Program. PM transportation is available for the Mini Day Program for Pelham, Larchmont, New Rochelle and Mamaroneck.

I will provide my own transportation. AM \_\_\_\_\_ PM \_\_\_\_\_ Both \_\_\_\_\_

TERMS OF PAYMENT

A deposit of \$600 must accompany this application.  
 Full payment must be received by April 1, 2017. Checks should be made payable to Mount Tom Day Camp.  
 We also accept Visa or MasterCard.

Tuition includes hot lunch, snacks, camp photos, T-shirt, transportation (other than Manhattan) and entertainment.

CONDITIONS OF ACCEPTANCE AND ENROLLMENT

1. A Mount Tom medical form must be completed and submitted to us by 5/1/17.
2. The Directors reserve the right to dismiss a camper whose physical condition, mental condition, behavior, personal conduct, or influence on other campers is deemed to be detrimental to the camp atmosphere. Should this occur, the deposit or unused camp fees will not be refunded.
3. The camp is not responsible for the camper's personal belongings or cash. The parent and/or guardian will receive a list of needed items prior to the opening of camp. It is highly recommended that campers do not bring valuable items such as expensive clothing, jewelry, cameras, cell phones, ipods or video games to camp.
4. Parents and/or guardians will be given a list of Visiting Days and special camp activities to which they are invited prior to the opening of camp. The camp reserves the right to make changes in these dates should circumstances so warrant.
5. Campers, parents and/or guardians agree to abide by camp rules and regulations.
6. It is understood no part of the tuition fee, or deposit, will be refunded after April 1, 2017. If a camper is absent due to illness or accident, as certified by a physician's letter, for 10 consecutive camp days during the camp session, a pro-rated refund will be made for every day thereafter.
7. It is understood that camp days may not be substituted due to illness or any other absence.
8. I give permission for my child to participate in all camp-related activities including swim.
9. I give consent for my child to be taken to and from camp on field trips by means of transportation used by Mount Tom.
10. I understand that part of the camp experience involves activities and group interactions that may be new to my child, and that they come with uncertainties beyond what my child may be used to dealing with at home. In addition, there are certain unavoidable risks associated with various games and play activities such as collisions, wayward objects such as balls and other equipment and other risks. I am aware of these risks, and I am assuming them on behalf on my child. I realize that no environment is risk-free, and so 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.
11. In the event that I cannot be reached by phone in an emergency, I hereby give permission to my family physician, any local physician or hospital and to Mount Tom to administer emergency treatment to my child.
12. It is understood all photography, videos and interviews taken at camp may be used for promotional/advertising purposes.
13. There is no reduction in tuition fees if transportation is provided by parent or guardian. Please indicate on the application if you will be providing your own transportation.
14. Mount Tom Day Camp is licensed by the New York State Department of Health and inspected twice yearly. Copies of the inspections are kept on file at the County Health Department Office: 25 Moore Avenue, Mount Kisco, NY 10549.
15. This contract constitutes the full understanding of the parties hereto and no change, modification or waiver of any of the terms shall be effective unless in writing and signed by both parties.
16. In the event that this agreement is executed by one parent, the signer acknowledges that he/she is also acting as agent of the other parent with authority to enroll the child at camp and to execute this agreement on his or her behalf.
17. I agree any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Westchester County, New York according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state.



Parent or Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_