

# enrollment application



Fill out form, print, then sign. Mail or fax completed form with payment to:

Camp Ten Ten, 1010 Park Avenue, New York, NY 10028. Fax: 212-288-7602

Camper's First Name \_\_\_\_\_ Camper's Last Name \_\_\_\_\_

\_\_\_ Male \_\_\_ Female Date of Birth \_\_\_\_\_ Age as of 8/1/11 \_\_\_\_\_ Grade completed by 8/1/11 \_\_\_\_\_

Current School Attending \_\_\_\_\_

Home Street and Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Full Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell/Beeper # \_\_\_\_\_

Parent's Full Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell/Beeper # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

## Please indicate choices:

### Week One - August 22-26

- Full Day 9:00 am-3:30 pm \$500 week
- Half Day 9:00 am-12:30 pm \$350 week
- After Camp 3:30-6 pm  \$200 week or  \$50 day
- Breakfast 8:30-9 am \$25 week
- Lunch 12:30-1 pm \$35 week

### Week Two - August 29 - September 2

- Full Day 9:00 am - 3:30 pm \$500 week
- Half Day 9:00 am - 12:30 pm \$350 week
- After Camp 3:30-6 pm  \$200 week or  \$50 day
- Breakfast 8:30-9 am \$25 week
- Lunch 12:30-1 pm \$35 week

Please indicate any special scheduling requests (for example, half-days only on Wednesdays, vacation conflicts, etc.)

How did you hear about Camp Ten Ten?

Please describe your expectations for your child this summer

Does your child have any allergies or special needs? If so, please describe

**PAYMENT** Convenient on-line payment at *camptenten.org*

**Total Week One fees (from above chart) = \_\_\_\_\_**

**Total Week Two fees (from above chart) = \_\_\_\_\_**

**Registration Fee = \_\$50.00\_**

**TOTAL CAMP FEES = \_\_\_\_\_**

**DEPOSIT paid with this application = \_\_\_\_\_**

**BALANCE DUE by August 8 \_\_\_\_\_**

Visa     MasterCard     American Express    Amount \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**PERMISSIONS**

In case of accident/injury and aforementioned cannot be reached, I grant Camp Ten Ten permission to contact, and if necessary, obtain medical attention. It is understood that all photography taken at Camp Ten Ten may be used for promotional purposes.

\_\_\_\_\_  
**Parent/Guardian Signature** \_\_\_\_\_ **Date**

Please print clearly all information on both sides of form. Return form with a deposit of one week's fees, plus registration fee, for each child. Fees must be paid in full prior to the start of camp. Please make all checks payable to Camp Ten Ten. All camp fees and deposits are non-refundable (including cancellations, withdrawals and missed days).