

**Chris Purdue and Seth Blender**  
Owners & Directors

Tel: 973-850-6640  
Fax: 973-850-6639

Please return completed application & deposit to:  
**P.O. Box 536, Livingston, NJ 07039**



BUS #  
OWN

www.newhorizonsdaycamp.com  
e-mail: info@newhorizonsdaycamp.com

**at Brooklake School**  
**235 Brooklake Road, Florham Park**

**REGISTRATION FORM – 2018**

CAMPER'S LAST NAME		FIRST	PREFERRED 1st NAME TO BE USED		MALE <input type="checkbox"/>
					FEMALE <input type="checkbox"/>
ADDRESS			CITY	ZIP	AREA CODE ( ) PHONE NUMBER ( )
DATE OF BIRTH MONTH DAY YEAR		GRADE AS OF SEPT. 2017	BUS SERVICE <input type="checkbox"/>	ANY ALLERGIES? <input type="checkbox"/>	FOOD <input type="checkbox"/>
			OWN DRIVING <input type="checkbox"/>	(Provide details on reverse)	OTHER <input type="checkbox"/>
PARENT 1 NAME		PROFESSION OR BUSINESS NAME	OFFICE PHONE ( )	CELL PHONE ( )	
PARENT 2 NAME		PROFESSION OR BUSINESS NAME	OFFICE PHONE ( )	CELL PHONE ( )	
HOW WOULD YOU LIKE THE PARENT/GUARDIAN NAME(S) TO APPEAR ON THE MAILING LABEL?				PARENT E-MAIL ADDRESS	

Retain this Federal ID Number for Tax Purposes: **Fed ID # 46-1466730**

Camp season begins on June 26<sup>th</sup> and ends on August 18<sup>th</sup>. Camp is in session Monday through Friday, from 9:15 am to 3:45 pm. Camp will not be in session on Tuesday, July 4<sup>th</sup>. All fees include transportation within our geographic limits on a first come, first served basis.

**If enrolled for fewer than eight weeks, please be sure to indicate the specific weeks your child will be attending.**

- |   |         |  |         |
|---|---------|--|---------|
| <input type="checkbox"/> 8 weeks: June 25 - August 17 | \$6,100 | <input type="checkbox"/> 5 weeks: Circle Weeks Below | \$4,450 |
| <input type="checkbox"/> 7 weeks: Circle Weeks Below  | \$5,550 | <input type="checkbox"/> 4 weeks: Circle Weeks Below | \$3,900 |
| <input type="checkbox"/> 6 weeks: Circle Weeks Below  | \$5,000 | <input type="checkbox"/> 2 weeks: Circle Weeks       | \$1,950 |

Once camp begins, extensions--after minimum of four weeks--will be \$550 per week (depending on mini-bus availability, if applicable).

**PLEASE CIRCLE SPECIFIC WEEKS ATTENDING IF LESS THAN 8 WEEKS**

**(1) - 6/25-6/29 (2) - 7/2 - 7/6 (3) - 7/9-7/13 (4) - 7/16- 7/20 (5) - 7/23 - 7/27 (6) - 7/30 - 8/3 (7) - 8/6 - 8/10 (8) - 8/13-8/17**

**Camp reserves the right to change the beginning and ending dates of camp based on school calendars.**

**Camp will pick up and return your child to the address given on the Registration Form. Camp responsibility begins and ends at curbside.**

**Child must be waiting at the curb in AM when the mini-bus arrives. Parent must provide coverage at curbside in the AM and PM.**

Please enclose a deposit of **\$500.00**. This deposit guarantees the rate as of the day the application is returned.

The balance shall be paid in full by April 30. Refunds are not given for absences or unused part of camp season. There will be a \$100 per week sibling discount for the second child attending and an additional discount for the third child. **Referral discount of \$250 for each new camper that you refer who attends for a minimum of four full weeks.**

Tuition includes mini-bus service, 5 camp t-shirts, camp backpack, afternoon snack, weekly pizza lunches, accident insurance, professional camp shows, camp pictures and special events. Water is provided to campers throughout the day. Optional lunch program is \$25 per week (see reverse).

New Horizons has the discretion to change program selections when necessary or desired. All campers are required to wear camp t-shirts and sneakers every day. The Camp is not responsible for any personal items which are lost, stolen or broken. For security of all campers, Camp or its agent has the right to search camper backpacks and other personal belongings. Campers are not permitted to use cell phones at camp for any reason. If medication is to be dispensed at camp, a medicine release form is required with a physician's signature.

I authorize New Horizons (on behalf of both parents) to arrange for any and all medical care in case of an emergency. The medical staff or any third party health care provider in its sole discretion has permission to disseminate pertinent information to the camp or its staff. I am aware of Camp's risks and uncertainties beyond those experienced at home and have spoken to my child about the necessity of abiding by all Camp policies and procedures, and I assume those risks on behalf of my child. In order to best serve my child, all information requested on this application has been provided completely and accurately.

Camp reserves the right to dismiss a camper without refund of tuition if the parent or child does not abide by New Horizons' policies or procedures or if the camper's conduct is determined to be detrimental to the well-being of campers or camp.

Shadow counselor service (dedicated assistant counselor to provide full-time assistance throughout the camp day) is available at a cost of \$150 per week.

I give permission for my child to leave camp grounds for field and athletic trips or outside activities, take part in any and all camp activities and for the use of any pictures or videos, including web site usage and advertising.

Date	Parent Signature
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EMERGENCY PHONE #S: 1) \_\_\_\_\_ 2) \_\_\_\_\_  
(If you cannot be reached) NAME TEL # NAME TEL #

**THIS REGISTRATION FORM MUST BE ACCOMPANIED BY A \$500 DEPOSIT. PLEASE COMPLETE THE REVERSE SIDE**

Any health problems / allergies? Please be specific. \_\_\_\_\_

Is there anything you'd like us to know about your child? Please state. \_\_\_\_\_

If medication is to be administered at camp, the medicine release form must be completed. Please note. \_\_\_\_\_

If your child attended camp last summer, please state the camp name. \_\_\_\_\_

**CAMPERS MUST WEAR CAMP T-SHIRTS AND SNEAKERS EVERY DAY. YOU WILL BE RECEIVING 5 CAMP T-SHIRTS AND A BACKPACK, COMPLIMENTS OF NEW HORIZONS DAY CAMP. IF YOU WANT TO ORDER MORE SHIRTS, ORDER BELOW. KEEP IN MIND, MANY CHILDREN LIKE TO WEAR OVERSIZED SHIRTS.**

<p align="center"><b>COMPLIMENTARY T-SHIRTS</b></p> <p><b>PLEASE CIRCLE THE SIZE YOUR CHILD WEARS:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding: 5px;"> <p align="center"><u>CHILD SIZES</u></p> <p>SIZE    SMALL    6 – 8                    MED     10 – 12                    LARGE 14 – 16</p> </td> <td style="width: 50%; padding: 5px;"> <p align="center"><u>ADULT SIZES</u></p> <p>ADULT SMALL          ADULT MEDIUM          ADULT LARGE          ADULT EXTRA LARGE</p> </td> </tr> </table>	<p align="center"><u>CHILD SIZES</u></p> <p>SIZE    SMALL    6 – 8                    MED     10 – 12                    LARGE 14 – 16</p>	<p align="center"><u>ADULT SIZES</u></p> <p>ADULT SMALL          ADULT MEDIUM          ADULT LARGE          ADULT EXTRA LARGE</p>	<p align="center"><b>OPTIONAL EXTRA SHIRTS</b></p> <p>(in addition to 5 complimentary shirts provided to each camper)  <i>Not required, but available if you wish to order extra shirts</i></p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">QUANTITY</td> <td style="text-align: center;">PRICE</td> <td style="text-align: left;">TOTAL</td> </tr> <tr> <td style="text-align: center;"><input style="width: 40px;" type="text"/></td> <td style="text-align: center;">X \$ 10 =</td> <td style="text-align: center;"><input style="width: 40px;" type="text"/></td> </tr> </table>	QUANTITY	PRICE	TOTAL	<input style="width: 40px;" type="text"/>	X \$ 10 =	<input style="width: 40px;" type="text"/>	<p align="center"><b>BEFORE &amp; AFTER-CARE</b></p> <p><i>Daily Before &amp; After-Care available starting at 8:00 am and ending at 5:30 pm at a cost of \$50 per week.</i></p> <p><b>\$50 per week: \$50 X <input style="width: 40px;" type="text"/> = <input style="width: 40px;" type="text"/></b></p>
<p align="center"><u>CHILD SIZES</u></p> <p>SIZE    SMALL    6 – 8                    MED     10 – 12                    LARGE 14 – 16</p>	<p align="center"><u>ADULT SIZES</u></p> <p>ADULT SMALL          ADULT MEDIUM          ADULT LARGE          ADULT EXTRA LARGE</p>									
QUANTITY	PRICE	TOTAL								
<input style="width: 40px;" type="text"/>	X \$ 10 =	<input style="width: 40px;" type="text"/>								

**OPTIONAL LUNCH PROGRAM**

**Monday through Thursday:**  
**\$30 per week: \$30 X  =**   
# of weeks

**Complimentary pizza lunch for all campers on Fridays.**  
*Menu options to be available two months prior to the start of camp.*

**OWN DRIVING DISCOUNT**

If you provide your own transportation to and from camp, you will receive an own driving discount:

**\$50 per week: \$50 X  =**   
# of weeks

**Spread the word! Word of mouth is our most effective advertisement. Please write the names, addresses and phone numbers of anyone you think would benefit from our unique program and we will send a brochure to them. You will receive a \$250 referral credit for each new camper that you refer who attends for a minimum of four weeks. Thanks!**

<u>PARENT'S NAME</u>	<u>CHILD'S NAME</u>	<u>GRADE SEPT '17</u>	<u>ADDRESS / CITY / STATE / ZIP</u>	<u>PHONE NUMBER</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Referred by a New Horizons family? If so, provide referring camper name: \_\_\_\_\_**

**NEW HORIZONS USE ONLY**

TUITION			
DEPOSIT			
OWN DRIVING DISCOUNT			
SIBLING DISCOUNT			
OPEN HOUSE DISCOUNT			
REFERRAL DISCOUNT			
SHIRTS			
LUNCH			
OTHER			
BALANCE DUE			