

Bushy Hill Camper Registration Summer 2010!

Name _____ Boy: ___ Girl: ___ Age/Upcoming Grade _____
 Street Address: _____ D.O.B.: _____
 Town: _____ Zip: _____ Home Phone: () _____
 Family E-mail _____ RETURNING CAMPER? YES NO
 Father or Guardian: _____ Work/Cell Phone: () _____
 Mother or Guardian: _____ Work/Cell Phone: () _____
 Emergency Contact Person: _____ Phone #: () _____

VACATION DAY CAMP

FEBRUARY SESSION: *February (15-19)* _____ **\$200.00**
MARCH SESSION: *March (8-12 & 15-19)* _____ **\$200.00**
APRIL SESSION: *April (12-16)* _____ **\$200.00**

Summer Day Camp
Cost per session: \$500.00

_____ **1st session:** June 28 – July 9
 _____ **2nd session:** July 12 – July 23
 _____ **3rd session:** July 26 – Aug 6
 _____ **4th session:** Aug 9 -Aug 20

Abo Day Camp for Teens
 Cost per Abo I, II, & III **\$275.00**
 Cost per *Abo IV: **\$ 500.00**

_____ **Abo I:** July 5 – July 9
 _____ **Abo II:** July 12 – July 16
 _____ **Abo III:** July 19 – July 23
 _____ **Abo IV:** July 26 – July 30
 _____ **Abo I:** Aug 2 – Aug 6
 _____ **Abo II:** Aug 9 – Aug 13
 _____ **Abo III:** Aug 16 – Aug 20

* **Abo IV** is an **overnight** camp. There are Prerequisites to this course. Contact us for Information at (860) 767-2148

Please Read Carefully and Sign

This application has my consent. I authorize the Camp Director to act for me according to his/her best judgment in any emergency, and in the event that I cannot be reached, I hereby give permission to the selected physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. My child has permission to take part in all organized and supervised activities. The camp, for publicity purposes, may use photographs and videos in which my child appears. I understand that Bushy Hill will not accommodate campers with severe behavioral problems. Campers with frequent violent or uncontrollable outbursts, an unwillingness to respond to supervision or behavior that infringes upon the camp experience of others will be asked to leave our program.

I enclose the entire fee of \$500.00 (per Summer Day Camp Session), \$275.00 (per Abo Session). I understand that if I withdraw my child before the first day of camp (June 28), 1/2 of the entire fee per session will be refunded. If my child is asked to leave for behavioral reasons or if I withdraw my child during the camp season (June 28 – Aug 20), I understand that there will be no refund. If my child is contagious or too ill to attend at least five days of the session, then a pro-rated fee of \$40.00 per day will be refunded. PLEASE CALL OUR BUSSINESS OFFICE AT 860-767-0848 TO DISCUSS PAYMENT PLAN OPTIONS

Signature of parent or guardian _____ **Date** _____

CREDIT CARD OPTION NOTE- A 3% SERVICE CHARGE WILL BE ADDED TO YOUR BILL WHEN PAYMENT IS MADE USING A CREDIT CARD

Camper name (s) _____ Total to be charged \$ _____
 Card holder name _____ (Master Card) _____ (Visa)
 Zip code of billing address _____ Card # _____
 Exp. Date _____ 3 Digit Security Code _____ Phone # () _____