

# CAMP WILBUR HERRLICH ADVANTAGE BEFORE CARE PROGRAM

101 Deacon Smith Hill Road  
Patterson, New York 12563

Phone: (845) 878-6662 Fax: (845) 878-2030

Web Page: [www.campherrlich.org](http://www.campherrlich.org) Email: [info@campherrlich.org](mailto:info@campherrlich.org)

## REGISTRATION FORM

Prior to the school year beginning, please return completed form to the above address with a **non-refundable deposit of \$100** (or first month's tuition, whichever is less) which will be applied towards the first month's tuition (*checks payable to CAMP HERRLICH*). During the school year, please submit this form with the first month's tuition. Scholarship is available, call the office for more information! Please complete a **separate** form for each child registered. Once your registration is processed, you will receive a confirmation package containing additional information needed for the Advantage Before School Program.

### 1. CHILD

Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Grade (as of 09/11) \_\_\_\_\_ School \_\_\_\_\_

### 2. PARENTS/GUARDIANS

**Custodial Parent or Guardian:** Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Both: \_\_\_\_\_ Other: \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Mother/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Town \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Town \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

\*Home Phone \_\_\_\_\_ \*Home Phone \_\_\_\_\_

\*Cell Phone \_\_\_\_\_ \*Cell Phone \_\_\_\_\_

\*Emergency # (if different from cell) \_\_\_\_\_ \*Emergency # (if different from cell) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Place of Employment \_\_\_\_\_

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

Work Hours \_\_\_\_\_ Work Hours \_\_\_\_\_

E-mail Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

**\*\*\*PLEASE IDENTIFY, NEXT TO EACH OF THE PHONE NUMBERS PROVIDED, THE ORDER IN WHICH YOU WOULD LIKE US TO CALL (i.e., 1st...2nd...3rd...4th...5th...6th)\*\*\***

*Place a check mark in the box below the day(s) of the week that you wish to send your child to the Advantage Before Care Program.*

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>

**This is a two-sided document, please read and complete reverse side.**

**Changes to Enrollment Days**

If you find it necessary to change the number of days your child is enrolled in the Advantage Before Care Program, our office must be notified prior to the following month's billing cycle, i.e. at least one month in advance. Payment is required based on the number of days enrolled regardless of absences from the program or school holidays/closings.

**Advantage Before Care Program Schedule**

The Camp Wilbur Herrlich Advantage Before Care Program will follow the Carmel Central School District calendar. The program **will not** be open for snow days or any other unscheduled school closings or school **delayed** openings. The Advantage Before Care Program **will not** be open during school vacations.

**Authorization for Pick-up in Case of Emergency**

**Unless otherwise specified IN WRITING, both parents will be allowed to pick up their child without being placed on this authorization list. If there are any specifications about custodial rights or pickup rights, they must be submitted IN WRITING to the office.** I am giving permission for the following people to pick up my child at the end of the Advantage After School Program day or at any other time deemed necessary. **Your child will not be allowed to go with anyone else unless a written note is provided. This will be strictly enforced.**

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand my child will be expected to abide by the rules and regulations set by the Director of the Advantage Before Care Program. If these rules and regulations are continually ignored and broken, I understand that my child could be withdrawn from the Advantage Before Care Program. My child is permitted to participate in all scheduled program activities unless contradicted by a medical report, which I will provide.

In consideration for accepting this application, I, the undersigned, intending to be legally bound for myself, my heirs, executor and administrators, waive and release any and all rights and claims for damages I may have against any and all agents, chaperones, employees of Mount Tremper Outdoor Ministries and any other sponsors, their representatives, successors and assigns for any and all injuries and/or damage suffered by my son or daughter in connection with this activity. My son/daughter is in suitable physical condition to participate in any activities specified in my application.

I further understand that photographs, photographic images, videotapes and likenesses of my child may be used in connection with publicity of the Advantage Before Care Program, Advantage After School Program, Mt. Tremper Outdoor Ministries, Inc and Camp Wilbur Herrlich.

Parent/Guardian Name (please print) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

***To register your child, please fully complete this form (a separate form for each child being registered) and submit with your non refundable deposit per child to :***

<p><b><i>Mount Tremper Outdoor Ministries Camp Wilbur Herrlich 101 Deacon Smith Hill Road Patterson, New York 12563</i></b></p>	<p><b><u>All major credit cards are gladly accepted. Please call our office to provide secure information.</u></b></p>
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***Once you have registered, you will receive a confirmation package from Camp Herrlich. If you have any questions, please feel free to call us at (845) 878-6662***

**\*\*\*Enrollment in the Advantage Before Care Program is limited\*\*\*  
\*\*\*All children will be enrolled on a first come, first serve basis\*\*\***