

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 Email: 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 09/10) _____ 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> |
|---------------|----------------|------------------|-----------------|---------------|
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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

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 :

***Mount Tremper Outdoor Ministries
Camp Wilbur Herrlich
101 Deacon Smith Hill Road
Patterson, New York 12563***

All major credit cards are gladly accepted. Please call our office to provide secure information.

***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**