

**CAMP WILBUR HERRLICH**  
**CAMP AFTER SCHOOL 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**

Please return completed form to the above address with a non-refundable deposit of \$100 (*checks payable to Camp Herrlich*) to reserve your child's spot in the Camp After School Program. Please complete a separate registration form for each child registered. You will receive a confirmation package once your child is registered for the program containing additional information.

1. **CHILD**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

2. **PARENTS/GUARDIANS**

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 \_\_\_\_\_

Would you prefer email notification? YES \_\_\_ NO \_\_\_ email \_\_\_\_\_

**\*\*\*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 Camp After School Program.*

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

*This is a two-sided document* →

**Camp After School Program Schedule**

The Camp Wilbur Herrlich Camp After School Program will follow the Carmel Central School District calendar. The program **will** be open for school **scheduled** half days at no extra cost. **Each student must bring a bag lunch for scheduled half day programs.** The program **will not** be open for snow days or any other unscheduled school closings.

**Program Trips and Special Events**

The program students may attend field trips to local agencies for community service, libraries, movie theaters, bowling alley, etc. as part of the program recreational and educational goals. The cost of transportation for program trips and special events are included in the Camp After School Program registration fee. Students will be supervised by Camp After School Program staff at all times during trips. You will receive notification when trips and special events are planned. If you choose not to have your child attend special events or trips, you must find alternative after school care.

**Transportation**

I understand that Mount Tremper Outdoor Ministries, Inc. at Camp Wilbur Herrlich will provide transportation for my child from *only George Fischer Middle School* to the camp premises at school dismissal time. Pick up at Camp Wilbur Herrlich is the responsibility of the parent/guardian.

I am giving permission for the following people to pick up my child at the end of the Camp 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 Camp After School Program. If these rules and regulations are continually ignored and broken, I understand that my child could be withdrawn from the Camp After School Program. My child is permitted to participate in all scheduled program activities, off site trips and events, 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 Camp After School Program, Mt. Tremper Outdoor Ministries, Inc and Camp Wilbur Herrlich. I give permission for Camp Wilbur Herrlich to transport my child from George Fischer Middle School to Camp Herrlich on scheduled program days.

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 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 Camp After School Program is limited\*\*\*  
\*\*\*All children will be enrolled on a first come, first serve basis\*\*\***