

If your child attended Trinity Day Camp in 2007, please list the group name _____

TRINITY DAY CAMP
APPLICATION & INFORMATION SHEET
101 West 91st Street
New York, New York 10024

The Health Form, Camp Newsletter, Pick-Up Permission Sheet and Swim Questionnaire must be downloaded from our Website www.trinityschoolnyc.org/day_camp.

Name of Camper _____ M F

Date of Birth _____ School & Grade **FOR NEXT SEPTEMBER**

Name of Camper _____ M F

Date of Birth _____ School & Grade **FOR NEXT SEPTEMBER**

Parent 1: _____ Parent 2: _____

Home Address _____
_____ (Zip) _____

Home Telephone _____ Fax Number: _____

E-mail Address _____ Cell Phone _____

Emergency Telephone - other than parents' work number _____

Parent 1's Business Telephone _____ E-mail Address _____

Parent 2's Business Telephone _____ E-mail Address _____

I hereby make application for the admission of the above child/ren in accordance with the terms stated in the TDC brochure. There is a 10% discount for each sibling. Indicate below which sessions you would like for your child.

Name of Child	Session 1 6/18-6/27	Session 2 6/30-7/25

This application should be completed and sent with a **\$1,500.00 non-refundable** deposit, per child, to Trinity Day Camp, 101 West 91st Street, New York, NY 10024. If you are enrolling your child for Session One **only**, the deposit required is **\$1280.00 non-refundable**. **The balance must be paid in full on or before March 1, 2008.**

Enrollment contracts are binding, if not canceled before March 1, 2008, parents are liable for the full amount of tuition **without deductions for absence, withdrawal or dismissal**, and may not be cancelled after March 1, 2008 without liability for the amount of the aforementioned tuition and fees. No allowance will be made for absences or time spent away from the camp. The camp is not responsible for the loss of personal property.

(Signature of Parent or Guardian) _____ Date _____

GROUP PLACEMENT

The TDC policy is that your child may request to be placed with a friend. Your child's friend must then request to be with your child in order to be placed in the same group. Please make sure both campers are enrolled at TDC. There are no exceptions to this policy.

My older child _____ requests to be with _____.

My younger child _____ requests to be with _____.

I agree that my child's photograph may be used for promotional purposes for Trinity Day Camp unless I specifically notify the camp in writing to the contrary.

Parent's Signature: _____

T-Shirt Size: **S (6-8)** ____ **M (10-12)** ____ **L (14-16)** ____ **Adult S** ____ Your child will receive a T-Shirt and swim bag as a gift from TDC. T-Shirts are ordered prior to the camp season. Please be sure to order the correct size. **T-SHIRTS CANNOT BE EXCHANGED.**

What other information would you like TDC to know about your child? _____

OFFICE USE ONLY

Camper	Session	Amount Due
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1. _____

2. _____

TOTAL AMOUNT DUE

Date	Payment	Balance Due