



Mansfield's Holiday Hill Day Camp 2018 Camper Application

41 Chaffeeville Road, Mansfield, CT 06250

Tel (860) 423-1375 • FAX (860) 456-2444 • email: info@HolidayRecreation.com

We welcome your interest in our programs.

*Please read all of the information in this application before you begin to complete it.
If you require assistance, please contact our office.*

Family Information

Parent's Names _____

Street _____ City _____ ZIP _____

Parent 1: Home Phone _____ Cell: _____ Work: _____

Employer: _____ Email _____

Parent 2: Home Phone _____ Cell: _____ Work: _____

Employer: _____ Email _____

Camper 1

Name _____ M/F _____ DOB _____

Grade Entering in Sept 2018: _____ Red Cross Swim Level (Last passed, if known): _____

Grouping Request: _____

(Friends camper wishes to be with. Campers should be in same grade--if not, call to discuss)

Health Information – *Please answer the questions below. In addition, each Camper must submit an annual Health History and proof of a Health Examination (within 36 months) prior to the start of camp.*

- Does the Camper have life threatening allergies? Yes No
Does he/she carry an epi-pen? Yes No
If yes, allergic to: _____
- Is the Camper presently taking medication(s)? Yes No
If yes, list medications: _____
Do you anticipate the Camper will require the medications during the summer? Yes No
- Does your child require: One-on-One supervision? Yes No
Additional Support? Yes No

If you answered yes to any of the above, you must contact the camp directors to discuss your child's special needs.

If your child has social or behavior issues it is vital for you to let us know so that we can work together for a safe and successful summer. Please provide us with any additional information you feel is relevant to your child's safe and comfortable experience at camp e.g. eagerness to attend camp, special transportation considerations etc.

Camper 2

Name _____ M/F _____ DOB _____

Grade Entering in Sept 2018: _____ Red Cross Swim Level (Last passed, if known): _____

Grouping Request: _____

(Friends camper wishes to be with. Campers should be in same grade--if not, call to discuss)

Health Information – Please answer the questions below. In addition, each Camper must submit an annual Health History and proof of a Health Examination (within 36 months) prior to the start of camp.

1. Does the Camper have life threatening allergies? Yes No
Does he/she carry an epi-pen? Yes No
If yes, allergic to: _____
2. Is the Camper presently taking medication(s)? Yes No
If yes, list medications: _____
Do you anticipate the Camper will require the medications during the summer? Yes No
3. Does your child require: One-on-One supervision? Yes No
Additional Support? Yes No

If you answered yes to any of the above, you must contact the camp directors to discuss your child's special needs.
If your child has social or behavior issues it is vital for you to let us know so that we can work together for a safe and successful summer. Please provide us with any additional information you feel is relevant to your child's safe and comfortable experience at camp e.g. eagerness to attend camp, special transportation considerations etc.

Camper 3

Name _____ M/F _____ DOB _____

Grade Entering in Sept 2018: _____ Red Cross Swim Level (Last passed, if known): _____

Grouping Request: _____

(Friends camper wishes to be with. Campers should be in same grade--if not, call to discuss)

Health Information – Please answer the questions below. In addition, each Camper must submit an annual Health History and proof of a Health Examination (within 36 months) prior to the start of camp.

1. Does the Camper have life threatening allergies? Yes No
Does he/she carry an epi-pen? Yes No
If yes, allergic to: _____
2. Is the Camper presently taking medication(s)? Yes No
If yes, list medications: _____
Do you anticipate the Camper will require the medications during the summer? Yes No
3. Does your child require: One-on-One supervision? Yes No
Additional Support? Yes No

If you answered yes to any of the above, you must contact the camp directors to discuss your child's special needs.
If your child has social or behavior issues it is vital for you to let us know so that we can work together for a safe and successful summer. Please provide us with any additional information you feel is relevant to your child's safe and comfortable experience at camp e.g. eagerness to attend camp, special transportation considerations etc.

Family Status

Is there a divorce in the family? No Yes

Is there a separation in the family? No Yes

If yes: Who has custody: _____

An enclosed note about custodial arrangements and concerns is important and will be held in strictest confidence. If there are any restrictions on either spouse visiting the camper, full documentation must be in the camp's possession prior to attendance.

Will you require Holiday Hill Day Camp to send duplicate information to a former spouse, guardian or sponsoring organization? (Circle) No Yes If yes, please indicate below:

Organization: _____

First Name: _____ Last Name: _____

Street: _____ City: _____ Zip _____

Main Telephone: _____ Other Phone: _____

Email: _____

Emergency Information

Parent 1 Best Camp Day Phone: Cell Work Home Other _____

Parent 2 Best Camp Day Phone: Cell Work Home Other _____

In the Case of an Emergency and parent(s) cannot be reached please contact:

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____



2018 Tuition Rates

We offer your family several ways to get discounts and manage payments!

Early Bird Super Savings Paid in Full By November 30 \$689/ Two-Week Session	Early Bird Flexible Savings November 1 - January 31 Deposit & 3 installments— 3/1, 4/1, 5/1 \$729/ Two-week Session	Early Spring Savings February 1 - March 31 Deposit & 2 installments— 5/1, 6/1 \$759 / Two-Week Session	Summer Rates April 1 – August 23 Full-pay or custom plan \$799 / Two-Week Session
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SPECIAL PROGRAMS with Limited Space and Additional Fees

Dance (grades 2-8) - \$50 / week

Mountain Biking (Grades 7-10) - \$50 / week

Horseback Riding (Grades 4-10) - \$175 / week

9th Grade NEST Teen Leadership Program, Eagle Phase –enroll in sessions 1&2 or 3&4.

10th Grade NEST Junior Counselor Phase & 9th Gr. JST's – For last year's Eagle graduates, \$675 / two-week session

Kids Cooperate Camp (Grades 1-8) - \$450 / week tuition; Pre-enrollment interview with program director required. Contact Kids Cooperate office at 860-576-9506 or Camp Office at 860-423-1375. for more information.

Extended Camp Day – 8:00-9:00 AM drop off / 4:00-5:00 PM pick up; \$5 per AM or PM

POPULAR OPTIONAL PROGRAMS

See Permission Slips in Sign Up/Forms area of our website for details

Younger Division Up-To-Nights (Grades 1-3) – \$25 / Second Tuesday of each session

Middle and Older Division Overnights (Grades 4-9) – \$45 / Select Friday nights

NEST Special Events – Eagles and Junior Counselors often plan events with varied prices.

Cancellation and Reduction Refund Policies

- There is no charge for switching from one session to another or one week to another, providing the number of weeks attending remains the same.
- Changes in the number of sessions/weeks attending will be refunded as follows:
 - Withdrawal before May 1 – Full tuition reimbursed minus \$100 per week.
 - Reduction of weeks before May 1 – Full tuition reimbursed.
 - Withdrawal or reduction of weeks after May 1 – Half of tuition reimbursed.
- No refunds will be given for days missed due to illness, injury or family vacation.
 - In the event of absence for three consecutive days or more due to injury or illness beyond the camp's control we are happy to allow your child to make up the days missed later in the summer. A physician's note and approval from the directors must be received. (You may need to provide your own transportation for make-up days as routes change each session.)

2018 Enrollment Information

		REGULAR SESSIONS								
FIRST: Register for Regular Sessions and/or Mini Camps by "X" in box. THEN: Add Special Programs below, as desired.	June Mini Camp	Session 1		Session 2		Session 3		Session 4		Aug. Mini Camp
		A	B	A	B	A	B	A	B	
WEEK	6/18	6/25	7/2	7/9	7/16	7/23	7/30	8/6	8/13	8/20
Camper #1										
Camper #2										
Camper #3										
SPECIAL PROGRAMS: Enter the Camper # from above into the week(s) of program(s) below.										
Dance										
Mountain Bike										
Horseback										
Kids Cooperate										
NEST 9th Grade: EAGLE Phase		[Eagle Phase Section 1, Sessions 1&2]				[Eagle Phase Section 2, Sessions 3&4]				
NEST 9th Grade: JST Phase						Completed NEST Eagle Phase in sessions 1&2				
NEST 10th Grade: Junior Counselor										
Extended Camp AM/PM										
<u>Grades K - 9, Two-Week Session/Split Session Week</u>						<u>Special Program Fees:</u>				
Paid in Full by November 30: \$689/Ssn - \$344.50/wk						Dance Camp: \$50.00/week				
Register December 1 - January 31: \$729/Ssn - \$364.50/wk						Mountain Bikemp: \$50.00/week				
Register February 1 - March 31: \$759/Ssn - \$379.50/wk						Horseback Riding: \$175.00/week				
Register April 1 or later: \$799/Ssn - \$399.50/wk						Kids Cooperate: \$450/week (total)				
NEST 9th Grade: EAGLE Phase – Register for Sessions 1 & 2, or 3 & 4 with Grades K-9 rates.										
NEST 10th Grade: Junior Counselor (and NEST 9th Grade JST Phase after Eagle Phase) \$675/337.50										
Weeks of Camp	Tuition Rate	Camp Tuition		Special Program Fees		Tuition & Fees				
_____	x _____	= _____	+	_____	= _____	_____				

Billing Options

Payment-in-full or \$100 per week deposit, e.g. 6 weeks of camp—\$600 deposit; balance in post-dated checks must accompany deposit check.

Check/Cash

Pay-In-Full Amount: _____ Check # _____

Or: Deposit Amount: _____ Balance Amount: _____

Deposit Check # _____ Post-dated Checks # _____

Credit Card (Visa, MasterCard, Discover, American Express)

Card #: _____ Exp. Date: _____ Code#: _____

Card Address: _____ Card Zip Code: _____

Cardholder Signature: _____

Payment of Balance

- Balance due for registrations with deposits November 1st to January 31st, require three equal installments on March 1, April 1, and May 1. To set up an alternate payment plan, please call the Camp Office.
- Balance due for registrations with deposits February 1st to March 31st, require two equal installments on May 1 and June 1. To set up an alternate payment plan, please call the Camp Office.
- Payment in full is required for all applications received after April 1, 2018. To set up an alternate payment plan, please call the Camp Office.
- Sessions or weeks added after your initial enrollment period ends will be billed at the “next best” rate from initial enrollment.

Conditions of Registration

I/we agree to allow my/our child(ren) to participate in all camp activities and in any supervised trips to places not on the camp property (e.g. Public Lands, Other Camps or Program Venues, etc.).

I / we hereby apply for registration for the herein named child(ren) for the camping and transportation services indicated in this application. In consideration of acceptance of this application by Mansfield’s Holiday Hill Day Camp I/we hereby agree as follows:

- a) That the directors of Mansfield’s Holiday Hill Day Camp reserve the right to terminate the registration of any camper when it is deemed by the directors to be in the best interest of the child or the camp. In such an event it is understood a proportionate refund will be made.
- b) NSF Checks are subject to \$30 service charge and certified funds will be required. Any unpaid tuition balance due will be charged to the credit card on file.
- c) To pay all incidental charges such as lunches, Overnights and Up-To-Nights at the time they are ordered. Any charges that are not paid for by cash, check or credit card at the time of use will be charged to the credit card on file in the camp office.
- d) To give camp officials authority to act on my/our behalf in case of emergency.
- e) To release and indemnify Mansfield’s Holiday Hill Day Camp and Holiday Recreation Center, Inc. from any and all claims for losses or articles and damages arising as a result of any accident, injury or otherwise sustained by the herein named child(ren) arising from participation in any camp activities.
- f) To consent to the use by Mansfield’s Holiday Hill Day Camp of the camper’s likeness for publicity purposes, including website.
- g) That the Courts of the State of Connecticut shall have exclusive and preferential jurisdiction to entertain any complaint, demand, claim, proceeding, or cause of action whatsoever arising from my/our experiences with Mansfield’s Holiday Hill Day Camp. I hereby agree that if I commence any such legal proceedings, that I will do so only in the State of Connecticut.
- h) That I/we have read, understood and accept all the policies of Mansfield’s Holiday Hill Day Camp as outlined in this Camper Application and/or on their website--
www.HolidayRecreation.com.

Parent or Guardian 1: _____ Date: _____

Parent or Guardian 2: _____ Date: _____

This application must be signed by either or both parent/guardians.

Transportation Information

Outside of Mansfield and Willimantic: Choose one of our Traditional Bus Stops from the list below and indicate your choice by entering it in the *Regular AM Bus Stop* and *Regular PM Bus Stop* boxes. *Regular AM and PM* stops may be different. If none of these stops will work for your family, leave the *Regular AM and PM* boxes blank, and put your request in the *Alternate Location If Needed* box. We will contact you to determine an agreeable pick-up and drop-off point.

Within Mansfield and Willimantic: Enter your preferred bus stop location in the *Regular AM* and/or *Regular PM Bus Stop* boxes, and we will come as close as we can. (We have consolidated bus/van routes, so we may need camper families to meet us at central locations.)

Irregular Service: If your family will not be using a *Regular AM or PM Bus Stop*, or if you only need either a *Regular AM or PM* stop, please enter one of the following options in the appropriate box:

Parent Transport - If you will regularly be providing your own transportation to and from camp.

Extended Camp – If you will be bringing your camper between 8:00 AM and 8:50 AM, of picking up 4:10-5:00 PM.

Regular AM Bus Stop:	Regular PM Bus Stop:
Alternate Location If Needed.	
Pickup Authorization: People listed here may pick-up my child/ren at camp or from the bus.	
Walking/Waiting Permission We will not release campers unless an authorized person is there to meet them. If you would like us to do otherwise, check here: <input type="checkbox"/> My child/ren has permission to walk home from or wait alone at the bus stop.	

Traditional Bus Stops (Alphabetical town; times approximate)

Ashford, Saint Phillip's Church	8:30/4:30	Manchester, St. Bartholomew's Church	8:15/4:55
Bolton Commuter	8:20/4:40	Manchester, South Methodist Church	8:20/4:40
Bolton Methodist Church	8:25/4:35	Marlborough, Marlborough Tavern, 3 E Hampton Rd	7:45/5:15
Chaplin Firehouse	8:30/4:30	Norwichtown Mall Stop & Shop	8:15/4:45
Colchester Green	8:00/5:00	Somers, Webster Bank, 637 Main St.	7:45/5:15
Columbia, St. Columba Church	8:40/4:20	South Windsor, St. Francis of Assisi Church, 673 Ellington Rd	8:00/5:00
Columbia, EASTCONN	8:45/4:15	South Windsor, Teddy's Pizza	7:50/5:10
Coventry, Highland Park Market AM/Congregational Church PM	8:30/4:30	South Windsor Town Hall	8:10/4:50

LIST CONTINUES ON NEXT PAGE

Coventry, Captain Nathan Hale School	8:35/4:25	Tolland, Tolland Green	8:25/4:30
Coventry, CITGO Station @ 31 & 275 AM/Post Office in Plaza PM	8:40/4:20	Tolland, Rt 195 & Baxter/Anthony	8:30/4:25
Ellington, Center School Front Lot	8:10/4:55	UConn, Depot Campus, Kennedy Bldg.	8:35/4:25
Ellington Pizza, 188 Windsorville Rd	8:05/4:55	UConn, Jorgensen Auditorium	8:45/4:15
Franklin, 114 CT 32, opp. Stadium Motors	8:20/4:40	UConn, Gampel Pavilion	8:50/4:10
Glastonbury Wellness Ctr., 628 Hebron Ave	8:00/5:00	UConn, Nafe Katter Theater	8:52/4:08
Glastonbury, Hebron Avenue School	8:05/4:55	Vernon, Center Road School	8:15/4:45
Glastonbury, St. Dunstan's Church	8:10/4:50	Waterford Utility Commission, 1000 Htfd. TrnPk	8:00/5:00
Hebron, Country Farms Plaza	8:20/4:40	Wethersfield, Webster Bank, 1160 Silas Deane Hwy	7:45/5:15
Hebron, Ted's Parking Lot	8:30/4:25	Willington, Center School	8:15/4:45
Hebron, CDC Pendleton Dr	8:35/4:20	Willington, Hall School Front Lot	8:40/4:20
Lebanon Town Hall	8:15/4:45	Windham Center School	8:40/4:20
Manchester, Main & Cambridge	8:07/4:53	Windham, All Sleep, 885 Windham Rd, So. Windham	8:35/4:25
Manchester, St. Bridget Church	8:05/4:55	Windham High School	8:45/4:15

How did you hear about us?

A friend? Please tell us who? _____

We give tuition discounts to friends that refer new families—a gift for you and one for them. Contact us for referral gift cards!

A consumer fair or show: _____

Where did you visit our booth?

An advertisement: _____

Where did you see our ad?

Other: _____

