



Early Bird Rates - June 23 thru August 14 2015
 Campers 20 Months – 5 Years (5 by December 2015)
 Mon-Fri /Full Day Only - \$1,830

Campers Entering 1st grade - 3rd Grades in fall
 Mon-Fri / Full Day Only \$2,005



Session Rates – 8 Weeks and 4 Weeks
 20 Months – 5 Years (5 by December 2015)

Session #'s - Dates – Full Day/Half Day

- #1. 8 Weeks: 6/23 - 8/14 \$2005/\$1340
- #2. 4 Weeks: 6/23 - 7/17 \$1090/\$995
- #3. 4 Weeks: 7/20 - 8/14 \$1090/\$995

Weekly Rates

Ages 20 Months through Primer

- Weekly Full Days . \$280 per week
- Weekly Half Days \$185 per week

Campers Entering 1st grade - 3rd Grade in fall

Session #'s - Dates – Full Day/Half Day

- #1. 8 Weeks: 6/23 - 8/14 \$2180
- #2. 4 Weeks: 6/23 - 7/17 \$1195
- #3. 4 Weeks: 7/20 - 8/14 \$1195

Daily Rates

Ages 20 months through Primer

- Daily Full Days . \$65 per day
- Daily Half Days \$45 per day

Campers Entering 1st grade - 3rd Grade in fall
 No Half Days for this Age Group

Campers Entering 1st grade - 3rd Grade in fall
 Daily Rate for this Age Group \$70

THE FULL CAMP FEE PER CHILD MUST ACCOMPANY YOUR REGISTRATION FORM

- No Camp on July 3rd
- Please note that the Early Bird Rates are for the Full 8 weeks of RPRY Day Camp only! No Exceptions!! No partial weeks, no half days!!
- The entire Early Bird camp fee of either \$1830 or \$2005 is due in full by Feb. 27, 2015!
- There are no sibling discounts off the early Bird Rates
- \$75 Sibling discount off additional campers after the initial camper – Only off Regular Camp Fees NOT EARLY BIRD rates!!
- Registrations received after May 1st will be assessed \$50 late fee per registration (not per camper)
- The completed registration form is necessary to ensure that your child will have a spot reserved in a bunk with bunkmates listed. Incomplete registration forms will NOT be accepted!
- Medical forms must be on file in the RPRY Medical Office at the start of your child's camp session, again, no exceptions!
- You can make payments by cash , check or credit card



Family Name: _____ Home Phone: () _____

Street Address: _____ City: _____ State/ Zip: _____/_____

Father's Name: _____ Work Phone: () _____ Cell: () _____

Mother's Name: _____ Work Phone: () _____ Cell: () _____

Family Email Address: _____@_____

Camper First Name	Age	MM/DD/YY ~ M/F	Grade in Sept. 2015	School in Fall 2015	Camp Full or Half Day	Toilet Trained
#1. _____	_____	____/____/____ M/F	_____	_____	_____	Yes/No
#2. _____	_____	____/____/____ M/F	_____	_____	_____	Yes/No
#3. _____	_____	____/____/____ M/F	_____	_____	_____	Yes/No
#4. _____	_____	____/____/____ M/F	_____	_____	_____	Yes/No
#5. _____	_____	____/____/____ M/F	_____	_____	_____	Yes/No

Please fill in 3 names of bunkmates for each camper to guarantee that at least one of the 3 listed will be in your child's bunk:

Camper #1: 1. _____ 2. _____ 3. _____

Camper #2: 1. _____ 2. _____ 3. _____

Camper #3: 1. _____ 2. _____ 3. _____

Camper #4: 1. _____ 2. _____ 3. _____

Camper #5: 1. _____ 2. _____ 3. _____

- ✦ Complete this registration form and return it to the camp office along with a **\$275.00 registration fee for each child (deduct ed from total)**
- ✦ The camp registration fee is applied towards the camp tuition and is fully refundable before **May 11, 2015** **No refunds of registration fees at all after May 11, 2015**
- ✦ Any balance due of **Regular Camp Tuition** must be fully paid by **May 11, 2015**
- ✦ **All changes after May 11, 2015 must be sent to us in writing or email only!!**
- ✦ **Please complete the attached RPRY medical form; medical records for all campers must be on file in the RPRY medical office before the start of your child' camp session!!**
- ✦ **Camp tuition is non-refundable once your camper's session begins.** There are no refunds for absences or days missed. In case of Medical Emergency where a child cannot attend camp for a full session, a refund of no more than two thirds of the unused tuition may be refunded, calculated from the date notification is received from a licensed practicing M.D.

There is a \$75 sibling discount taken off the Regular Camp Tuition Only for each additional sibling after the first camper attending camp! For Example: If there are 2 campers only one gets the discount, not both campers!

Please Complete This Section & Enclose One Check Made Out To RPRY Day Camp

REGISTRATION FEE of \$275 PER CHILD - Do Not Forget To Deduct \$75 Sibling Discount if applicable

Camper #1 Name: _____ Dates/Sessions Attending: _____ Total \$ _____


Camper #2 Name: _____ Dates/Sessions Attending: _____ Total \$ _____

Camper #3 Name: _____ Dates/Sessions Attending: _____ Total \$ _____

Camper #4 Name: _____ Dates/Sessions Attending: _____ Total \$ _____

Camper #5 Name: _____ Dates/Sessions Attending: _____ Total \$ _____

Grand Total for all campers: \$ _____ Deposit: Check # _____ \$ _____ Balance \$ _____

 ***Please be sure to sign and date this form; see below. Registration forms which are incomplete will be returned along with your payment(s)***

I have read and agree to abide by all of the conditions outlined in this registration agreement.

Parent/Guardian Signature: _____ Date: ____/____/____

Credit Card Payment (subject to 2.5% surcharge)

Please Check One: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number _____

Expiration Date __ / __ **Security Code** __ __ **Enter amount to charge \$** _____

Billing Address _____

Sign Name as it appears on card _____

2 Harrison St. - Edison NJ 08817
Phone: 732-572-5052/Fax: 732-572-3049

Camper Name:		Date of Birth:
Street Address:	AGE:	Male <input type="checkbox"/> Female <input type="checkbox"/>
City, State, Zip:		Home Phone: ()
Mother's Work Phone:	Father's Work Phone:	
Mother's Cell Phone:	Father's Cell Phone:	
Mother's Email: @	Father's Email: @	

1	Name:	Relationship:
	Street Address:	Home phone:
	City, State, Zip:	Cell phone:
2	Name:	Relationship:
	Street Address:	Home phone:
	City, State, Zip:	Cell phone:
3	Name:	Relationship:
	Street Address:	Home phone:
	City, State, Zip:	Cell phone:

Please either complete this page or attach copies of all updated immunizations/physicals onto this form – Thank You.

Camper Name:		
Height:	Weight:	Blood Pressure:
Allergies:		Treatment:
Ocular Pathology/acuity:	Aural Pathology	Skin/Scalp
Abdomen:	Head/Neck:	Lymph Nodes:
Nose/Throat:	Teeth:	Extremities:
Inguinal area:	Lungs:	Genitals:
Heart (any irregularities?) If yes, please explain:		
Injuries, operations? If yes, please explain:		
Orthopedic defects, e.g. Scoliosis: Yes <input type="checkbox"/> No <input type="checkbox"/> Any treatment, please explain:		
Are any medications required to be taken by the camper/staff member? Please specify:		
General condition of the camper/staff member:		
Are there any health findings which might have an effect on the program of the camper/staff member?		
In your opinion, is the camper/staff member capable of carrying a full program in swimming and sports? If not, please explain:		
Signature of Physician:_____ Date:_____		