



LI Voyager's Day Camp 2009 Registration Form

Please attach a current photo of your child here

Camper Information:

Child's Name: _____ Child's Date of Birth: _____
 Gender: M F School: _____ Grade after Summer 2009? _____
 Child's T-shirt size (Please Check One) Child: S (6-8) M (10-12) L (14-16) or Adult: S M L XL

Family Information Are You a Returning Family: Yes No How did you hear about Long Island Voyagers Day Camp? _____

(Primary contact for child)

Parent 1 Name: Mr. Ms. Mrs. _____

Is this the person responsible for billing? Yes No

Home Phone: _____
 Work Phone: _____
 Cell Phone: _____

Street: _____

City: _____ State: _____ Zip: _____

Email: _____

(Secondary contact for child)

Parent 2 Name: Mr. Ms. Mrs. _____

Is this the person responsible for billing? Yes No

Home Phone: _____
 Work Phone: _____
 Cell Phone: _____

Street: _____

City: _____ State: _____ Zip: _____

Email: _____

Please check the first phone # that should be called in an emergency.

Enrollment Agreement:

1. I agree to pay the full tuition balance by May 15, 2009 (a \$300 deposit is due at the time of enrollment). Registration after May 15, 2009 requires payment in-full at the time of enrollment.
2. Long Island Voyager's Day Camp has permission for my child to participate in all camp programs, including field trips that are planned and supervised by Long Island Voyager's Day Camp.
3. Long Island Voyager's Day Camp has the unrestricted right to terminate this enrollment agreement at its sole discretion. In the event of such termination due to camper behavior, Long Island Voyager's Day Camp is not obligated to refund tuition or any unused amount of the tuition.
4. CANCELLATION POLICY: If canceling prior to May 15, 2009 tuition and deposit is fully refundable. After May 15, 2009, \$300 is non-refundable, regardless of the circumstance. The remaining tuition is refundable at the sole discretion of Long Island Voyager's Day Camp. There will be a \$100 late fee for payment received after May 15, 2009.
5. Long Island Voyager's Day Camp has permission to reproduce and publish any photograph, video or likeness of my child for advertising, commercial or any lawful purpose.
6. Long Island Voyager's Day Camp has permission to treat my child for routine, minor injuries such as scrapes and bruises. In the event that a parent, emergency contact or the family physician cannot be contacted in an emergency. Long Island Voyager's Day Camp has the permission to have my child examined at a hospital emergency room.

Parent's Signature _____ Date: _____

LI Voyager's Day Camp 2009 Enrollment Worksheet

June/July 2009				
Monday	Tuesday	Wednesday	Thursday	Friday
29 WEEK 1	30 WEEK 1	1 WEEK 1	2 WEEK 1	3 WEEK 1
6 WEEK 2	7 WEEK 2	8 WEEK 2	9 WEEK 2	10 WEEK 2
13 WEEK 3	14 WEEK 3	15 WEEK 3	16 WEEK 3	17 WEEK 3
20 WEEK 4	21 WEEK 4	22 WEEK 4	23 WEEK 4	24 WEEK 4

July/August 2009				
Monday	Tuesday	Wednesday	Thursday	Friday
27 WEEK 5	28 WEEK 5	29 WEEK 5	30 WEEK 5	31 WEEK 5
3 WEEK 6	4 WEEK 6	5 WEEK 6	6 WEEK 6	7 WEEK 6
10 WEEK 7	11 WEEK 7	12 WEEK 7	13 WEEK 7	14 WEEK 7
17 WEEK 8	18 WEEK 8	19 WEEK 8	20 WEEK 8	21 WEEK 8

Step 2: Please count the number of weeks for each selection above and select the corresponding fees below, then total them to the right:

of Camp Weeks:

2 weeks \$995 3 weeks \$1,395 4 weeks \$1,795 5 weeks \$1,995 6 weeks \$2,195 7 weeks \$2,495 8 weeks \$2,795

*** A deposit of \$300 is due at the time of enrollment. The balance is due on May 15, 2009 ***

Step 3: Enter payment information. (Please check one)

Check Cash

Camp Fee: \$ _____

Deposit: \$ _____

TOTAL FEES: \$ _____



Day Camp
516-238-4586
www.fivoyagersdaycamp.com

\$50 OFF SIBLING DISCOUNT

Please return to: Long Island Voyager's Day Camp
P.O. Box 1111
West Babylon, New York 11704