

# TRANQUILLITY CAMP, INC.

Tranquillity Camp, Inc.  
170 Tranquillity Road  
Earlton, NY 12058  
phone:(518)634-7650 email: campy@msn.com



## CAMPER ENROLLMENT APPLICATION

### 2018 SEASON - OUR 100<sup>th</sup> SUMMER

Male  Female  Today's Date \_\_\_\_\_

Name of Camper \_\_\_\_\_  
Last Name First Name

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Camper's Date of Birth \_\_\_\_\_

School Grade as of September 2018 \_\_\_\_\_ Name of School \_\_\_\_\_

Name of Father \_\_\_\_\_ Employer \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Work# \_\_\_\_\_

Business Address \_\_\_\_\_ Father's Email \_\_\_\_\_

Name of Mother \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work# \_\_\_\_\_

Business Address \_\_\_\_\_ Mother's email \_\_\_\_\_

Parent's status: Married  Single  Divorced  Separated  Widowed

Camper lives with: Both  Father  Mother

Brothers and Sisters: Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

In the event of an emergency during the summer when you cannot be reached, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

#### I would like to enroll my child for one session:

_____ Session 1	Wednesday, June 27	-	Tuesday, July 17	2018	Fee \$2,400.00
_____ Session 2	Wednesday, July 18	-	Tuesday, August 07	2018	Fee \$2,400.00
_____ Session 3	Wednesday, August 08	-	Tuesday, August 21	2018	Fee \$1,300.00

OR

#### I would like to enroll my child for multiple sessions:

_____ Sessions 1 and 2	Wednesday, June 27	-	Tuesday, August 07	2018	Fee \$4,600.00
_____ Sessions 2 and 3	Wednesday, July 18	-	Tuesday, August 21	2018	Fee \$3,600.00
_____ Sessions 1, 2, and 3	Wednesday, June 27	-	Tuesday, August 21	2018	Fee \$5,900.00

*Visiting Day – Sunday July 29, 2018*

## PARENT'S AGREEMENT

*I have enclosed a deposit of \$100.00 for 1 session  
\$200.00 for 2 sessions  
\$300.00 for 3 sessions  
I understand that full payment is due by May 1, 2018.*

Tranquillity Camp is operated mainly by endowment, is a not for profit organization This application is made with the understanding and agreement that in the event of illness or accident, it is expressly understood that no claims arising from illness or for medical services rendered, are to be made against Tranquillity Camp, Inc. or its employees or officers.

I understand that all camp fees and deposits are non-refundable.

I understand that Tranquillity Camp, Inc. is not responsible for my child's personal property.

I give permission for my child to take part in all camp activities, including those off the camp grounds, planned and supervised by the camp staff.

\_\_\_\_\_  
Signature of Parents/Guardian

\_\_\_\_\_  
Date

Did any members of your family attend Tranquillity Camp? \_\_\_\_\_

If yes, please list names, relationship and years attended \_\_\_\_\_

Has your child been to Tranquillity Camp before? \_\_\_\_\_ Years \_\_\_\_\_

Has your child been to another summer camp before? \_\_\_\_\_ Which camp \_\_\_\_\_

How did you hear of Tranquillity Camp? \_\_\_\_\_

Recommended/Referred by: \_\_\_\_\_

**PHYSICAL INFORMATION:** Please complete this preliminary medical form completely so that we can best serve your child's needs. A comprehensive medical form will be sent to you in the future.

Has your child been under any educational/psychological counseling or guidance? Please describe:  
\_\_\_\_\_

Does your child take any daily medication? \_\_\_\_\_ Which and for what condition? \_\_\_\_\_

Does your child have a bed-wetting problem? \_\_\_\_\_ Heart Problems? \_\_\_\_\_ Asthma? \_\_\_\_\_ Hay Fever? \_\_\_\_\_

Does your child have any dietary restrictions? (Vegetarian, etc.) \_\_\_\_\_

Does your child have any current medical condition, prior illness or physical limitations which would prevent him/her from fully taking part in the camp program? \_\_\_\_\_ Describe \_\_\_\_\_

**Tranquillity Camp, Inc. is licensed by the New York State Department of Health. Rules for acceptance and participation in the program are the same for everyone without regard to race, color or national origin. Any person who believes he/she has been discriminated against in any USDA related activity should write immediately to the Secretary of Agriculture, Washington, DC 20250.**