

TRANQUILLITY CAMP, INC.

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

CAMPER ENROLLMENT APPLICATION

2019 SEASON - OUR 101st 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 2019 _____ 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:

_____ Session 1	Wednesday, June 26	-	Tuesday, July 16	2019	Fee \$2,800.00
_____ Session 2	Wednesday, July 17	-	Tuesday, August 13	2019	Fee \$3,700.00
_____ Session 1&2	Wednesday, June 26	-	Tuesday, August 13	2019	Fee \$6,000.00

Visiting Day – Sunday July 28, 2019

PARENT'S AGREEMENT

*I have enclosed a deposit of \$200.00 for 1 session
\$400.00 for 2 sessions*

I understand that full payment is due by May 1, 2019.

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.