



WILLOWAY DAY CAMP, INC.

P.O. Box 250933
West Bloomfield, MI 48325

248-932-2123 phone
www.willowaydaycamp.com

SUMMER REGISTRATION 2008 (Boys & Girls 5-14)

PLEASE RESERVE THESE CAMP SESSIONS:

_____ Optional Catered Lunch \$30/weekly

_____ JUNE 16-JUNE 20: SESSION 1 (1 WEEK)

_____ JUNE 23-JULY 18: SESSION 2 (4 WEEKS) (No camp on July 4, 2008)

_____ JULY 21-AUGUST 15: SESSION 3A (4 WEEKS)

_____ JULY 21-AUGUST 1: SESSION 3B (2 WEEKS)

_____ AUGUST 4-AUGUST 15: SESSION 3C (2 WEEKS)

PLEASE PRINT CLEARLY — COMPLETE ONE APPLICATION FOR EACH CAMPER:

CHILD'S NAME _____
(LAST NAME) (FIRST NAME)

ADDRESS: _____ CITY _____ ZIP CODE _____

HOME PHONE: _____ PARENTS' EMAIL: _____

CROSS STREETS: _____ SUBDIVISION: _____

MALE ___ FEMALE ___ GRADE NEXT FALL _____ SCHOOL: _____

BIRTHDATE: _____ AGE AT CAMP: _____
MONTH/DAY/YEAR

FATHER'S NAME: _____ DAYTIME PHONE: _____

CELLULAR NUMBER: _____ PAGER/ALTERNATE NUMBER: _____

MOTHER'S NAME: _____ DAYTIME PHONE: _____

CELLULAR NUMBER: _____ PAGER/ALTERNATE NUMBER: _____

MARITAL STATUS: MARRIED ___ DIVORCED ___ WIDOWED ___ SEPARATED ___

CHILD MAY BE RELEASED TO: ___ MOTHER ___ FATHER ___ OTHER: _____

EMERGENCY CONTACTS:

1. _____
(name) (relationship) (phone)

2. _____
(name) (relationship) (phone)

PLEASE PRINT CLEARLY. COMPLETE BOTH SIDES. APPLICATION MUST BE SIGNED.



DIETARY OR FOOD ALLERGY INSTRUCTIONS (IF NEEDED): _____

MEDICAL INSTRUCTIONS: _____

SPECIAL NEEDS TO HELP US UNDERSTAND OUR CAMPER (attach additional information as needed):

PRIOR CAMP EXPERIENCE: WILLOWAY ____ OTHER (please specify): _____

INTERESTS: _____

GROUP REQUESTS (not more than 2) : 1. _____
2. _____

PLEASE READ AND SIGN:

Terms & Conditions

In addition to the terms and conditions contained in "The Parents Guide to Willoway" which will accompany enrollment confirmation, I agree to familiarize myself with all of the policies and communications provided by Willoway and further accept and acknowledge that:

- A \$200 deposit per camper is due upon registration. Full payment is due by **June 1, 2008**.
- There are no deductions from the camp fee for missed camper days.
- Cancellations received more than 3 weeks prior to session will be subject to a \$100 fee. Cancellations received after this time are subject to a \$200 fee. All cancellations must be in writing.
- Willoway Day Camp, Inc. will not operate on July 4, 2008.

Willoway Summer Day Camp, Inc. has my permission to secure emergency medical treatment for the above named child, if required, when the parents and/or emergency contacts cannot be reached. **I give permission for my child to take part in all activities and enclose a \$200 deposit.**

I understand that the Camp reserves the unrestricted right to dismiss from Camp any child whose conduct or influence, in the opinion of the Director, is unsatisfactory or who appears unlikely to benefit from the program. I hereby grant permission for my child's photograph and/or video to be used for promotional purposes. Tuition and fees are agreed to be the reasonable amount as and for liquidated damages. If, for any reason, the program does not operate, I agree that my sole remedy is the pro-rata refund of my child's tuition.

In the event that this Agreement is executed by one parent, undersigned acknowledges that he/she is also acting as agent of the other parent with authority to enroll the child at camp and to execute this Agreement on his or her behalf. This contract is not valid **unless signed** by the parent or guardian of the camper enrolled and accepted by Willoway Day Camp and its Camp Director.

Please complete to pay \$200 deposit by credit card: ____ Visa ____ Mastercard

Card Number: _____ Exp. Date _____

____ I authorize Willoway Day Camp to charge my credit card for my child's \$200 enrollment deposit.

____ I further authorize Willoway Day Camp to charge my credit child's tuition balance on 6/1/08.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

