

Office use only:
 Group #: _____
 Comp: _____
 Card: _____

MARY HELP OF CHRISTIANS CAMP
 659 Belmont Ave.
 North Haledon, NJ 07508
 Phone: 973-790-6200 ext. 124 Fax: 973-790-6125
 Camp@maryhelp.org
REGISTRATION FORM (Summer 2011)



Child(ren) must be registered ONE week BEFORE they begin camp.
 (Due to limited space, every child must be registered 1 week before starting camp. We will NOT be able to accommodate same-day registrations or walk-ins.)
Los niños deben ser registrados UNA semana ANTES DE QUE comiencen el programa. (Debido al espacio limitado, cada niño debe ser registrado una semana antes de comenzar el programa. No podremos acomodar niños el mismo día de registros.)

* Once you child(ren) have been assigned to a group through the office, the group CANNOT be changed.
Una vez que han asignado sus niños a un grupo a través de la oficina, el grupo NO PUEDE ser cambiado.

Camper's Name: _____ **Sex (Circle):** Male Female

Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **Age (when camp begins):** _____ **Grade (2011-2012)** _____

Current School: _____ **Town:** _____

Parent/Guardian's name: _____ **Relationship** _____

Home phone: _____ Cell: _____ Work: _____

Parent/Guardian's name: _____ **Relationship** _____

Home phone: _____ Cell: _____ Work: _____

IN CASE OF EMERGENCY Someone OTHER then the one(s) listed above

Name: _____ **Relationship** _____

Home phone: _____ Cell: _____ Work: _____

Persons authorized to pick up your child: Someone OTHER then the one(s) listed above

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

PLEASE FILL OUT ALL FOUR PAGES

Mary Help of Christians Center

659 Belmont Avenue North Haledon, NJ 07508
(973) 790-6200

Photo Release (for subjects under 18 years old) - *Permiso para tomar fotos*

I (parent's name, please print) _____, give Mary Help of Christians Center the absolute right and permission to use my child's photographs in news articles and brochures. I release the Missionary Society of the Salesian Sister, Inc., the photographer, their officers, employees, agents and designees from liability for any violation of any personal or propriety right I may have in connection with such use.

Name of child: _____

Parent's Signature: _____

Mary Help of Christians Center is open to everyone without regard to race, color, creed or national origin.

PLEASE CHECK DESIRED WEEKS:

***Understand that the following payment is due with this registration form:**

1. Registration fee (\$50.00)
2. First week's tuition – first week the child will be attending
3. \$25.00, non-refundable deposit, for each additional week checked off
(This \$25.00 **will be DEDUCTED** from the weekly tuition fee.)

Entienda que el pago siguiente es debido con este boletín de registro

1. Honorario de registro (\$50.00)
2. Primera semana cuota - primera semana el niño estará en el campo
3. \$25.00, depósito non-refundable, para cada semana adicional comprobada (*Estos \$25.00 serán deducidos del semanario matrícula*)

- 1st: June 27th – July 1st
- 2nd: July 5th – July 8th (closed on July 4th)
- 3rd: July 11th – July 15th
- 4th: July 18th – July 22nd
- 5th: July 25th – July 29th

<p>If your child will be coming on a <u>daily bases</u>, please check off the days your child will be attending camp:</p> <p>WK 1: ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri.</p> <p>WK 2: ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri.</p> <p>WK 3: ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri.</p> <p>WK 4: ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri.</p> <p>WK 5: ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri.</p>

Registration

\$50 per child - (Non-Refundable)

**Tuition – Per Week
(Weeks 1, 3-5)**

- First Child - \$200
- For 2 siblings- \$350
- For 3 siblings- \$450
- For 4 siblings - \$500

**Tuition – Per Week
(Week 2)-Closed July 4th**

- First Child- \$160
- For 2 Siblings- \$280
- For 3 Siblings- \$360
- For 4 Siblings- \$400

Tuition - Per Day

- First Child \$55
- For 2 siblings- \$80
- For 3 siblings- \$105
- For 4 siblings - \$130

A copy of immunization MUST accompany this form.
Una copia de la inmunización Debe acompañar esta forma.

Please note that if you do not attach a copy of the immunizations your child(ren) will be unable to participate in any activity until one is handed in.

**** *Observe por favor que si usted no junta una copia de las inmunizaciones su niño no va a poder participar en ninguna actividad hasta que la forma esté entregada.*****

Child's Name _____

HEALTH HISTORY Check giving approximate dates

Ear Infections _____ Chicken Pox _____ Measles _____

German Measles _____ Hay Fever _____ Poison Ivy _____

Mumps _____ Convulsions _____ Diabetes _____

Rheumatic Fever _____ Hyperactivity _____ Asthma _____

Allergies (Indicate if any apply with a check mark):

Insect Sting _____ Aspirin _____ Penicillin _____ Other Drugs _____

Other Allergies (please list): _____

Other diseases, serious injuries, and/or operations: _____

Dates of basic immunizations and most recent booster dates:

DPT Series _____ Smallpox _____ Polio _____

(Sabin) _____ Typhoid _____ Mumps Vaccine _____

Measles (live) _____ German Measles _____

Tuberculin Test _____ Other _____

Attending Physician _____ **Phone:** _____

Parents' Authorization This Health History is correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except noted by me. In the event that I cannot be reached for emergency, I hereby give permission to the physician selected by the Camp Directress to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for my child named above. As a parent/guardian of the applicant, I, also, agree to the terms and regulations of Mary Help of Christians Center as presented in the brochure.

Parent Signature: _____ **Date** _____



MARY HELP OF CHRISTIANS CENTER
 Family Payment Agreement - *Acuerdo del pago de la familia*
Summer 2011

Child(ren) must be registered ONE week BEFORE they begin camp.

1. Fees for this summer are as follows:
 - a. **\$50 Registration fee, one per camper, non-refundable**
 - b. **Tuition – Weekly or Daily rates as follows:**

Tuition – Per Week (Weeks 1, 3-5)	Tuition – Per Week (Week 2)	Tuition - Per Day
First Child - \$200	First Child- \$160	First Child \$55
For 2 siblings- \$350	For 2 Siblings- \$280	For 2 siblings- \$80
For 3 siblings- \$450	For 3 Siblings- \$360	For 3 siblings- \$105
For 4 siblings - \$500	For 4 Siblings- \$400	For 4 siblings - \$130

Family Rates are for siblings only. All children must attend the same week of camp for discounts to apply.

2. The following must accompany all registration paperwork:
 - a. Registration fee (\$50), one per camper, non-refundable
 - b. First week's tuition - first week the child will be attending
 - c. \$25.00, non-refundable deposit, for each additional week checked off on page 2 (This \$25.00 **will be deducted** from the weekly tuition fee)
 - d. Signed Family Payment Agreement (this page) must accompany all registration paperwork.
3. Subsequent tuition payments are due the **Monday before** the week the child will attend camp. Please adhere to the following Payment Schedule for Summer 2011:
 - For Week of June 27th – payment is due with registration by June 20, 2011
 - For Week of July 5th – payment is due Monday, June 27, 2011
 - For Week of July 11th – payment is due Monday, July 5, 2011
 - For Week of July 18th – payment is due Monday, July 11, 2011
 - For Week of July 25th – payment is due Monday, July 18, 2011
4. Failure to comply with these payment due dates may make child(ren) ineligible to attend camp.
5. There will be no reimbursement for days absent from camp.
6. Checks that are returned by the bank due to insufficient funds or for any other reason must be replaced immediately by cash or money order only. They will also incur a \$25.00 service fee.
7. Payments by check will be refused for accounts where checks have repeatedly been returned by the bank.
8. No camper(s) will be permitted to begin a new season unless all of the previous year's financial obligations have been met.
9. There will be a \$10.00 fee for any child picked up after 5:45 PM

Parent Signature: _____

Name of Camper: _____