



SUMMER PROGRAM REGISTRATION

STUDENT'S NAME _____ NICKNAME _____ GENDER _____
First Last

ADDRESS _____
Street Apt # City State Zip

HOME PHONE _____ AGE (as of 8/8/16) _____ D.O.B. ____/____/____
Area Code Number

SCHOOL DISTRICT _____ NAME OF SCHOOL _____

PARENT GUARDIAN INFORMATION	
Relationship to Student _____	
Last Name _____	
First Name _____	
Street _____	
City _____	
State _____	
Zip _____	
Home Phone _____	
Cell Phone _____	
Work Phone _____	
E-mail _____	

PARENT GUARDIAN INFORMATION	
Relationship to Student _____	
Last Name _____	
First Name _____	
Street _____	
City _____	
State _____	
Zip _____	
Home Phone _____	
Cell Phone _____	
Work Phone _____	
E-mail _____	

EMERGENCY CONTACT _____
Name Home Phone Cell Phone Relationship

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Name Home Phone Cell Phone Relationship

If your child has allergies to food, medication, airborne material, common household items, etc. please list them below (be as specific as possible):

Student Name _____

Please list current medications, dosage, and frequency.

Please state any medical concerns:

Please indicate the session(s) your child will attend, including before- and/or after-care sessions. Additional fees apply to before-care and after-care. Please see the rate schedule on page 3 of the application.

_____ **Week 1 August 8 - August 12**

Program day Before care After care

_____ **Week 2 August 15 - August 19**

Program day Before care After care

_____ **Week 3 August 22 - August 26**

Program day Before care After care

Rules for acceptance and participation in the Camp program are the same for everyone without regard to ethnicity, national origin, gender, orientation or disability.

CONDITIONS OF ENROLLMENT

**** DEPOSIT: A \$300.00 deposit must accompany this application, which will hold your place in Camp if the session you are requesting is available. The deposit is credited toward tuition. The deposit is non-refundable after July 18th. The remaining fees are due in full on or before August 8th. All registrations received after August 8th must be accompanied by full payment in order to be enrolled.**

**** CANCELLATION/REFUND POLICY:** A deposit of \$300.00 must accompany this application. We purchase supplies and hire staff based on enrollment. Therefore, there are no refunds, except as follows: All fees paid are refundable until July 18th. Thereafter, the deposit will be non-refundable. The balance of all fees paid in excess of the deposit shall be refundable upon written request prior to August 8th, at which time all fees are to be paid in full. Thereafter, no refunds will be made. After August 8th, if a child becomes too ill to participate in Camp in the written opinion of the child's physician, the unused portion of tuition will be refunded. There are no refunds for late arrival, early departure or incidental absences.

**** The Camp is not responsible for personal belongings lost or damaged. Please label all items with first and last names (initials are not enough). Do not bring valuables such as jewelry, video games, iPods cell phones, etc. to Camp.**

** Campers may not leave Camp with anyone but a parent or guardian who has made advance arrangements. Photo identification will be checked at pick-up.

RATE SCHEDULE AND WORKSHEET

Week 1 August 8 - August 12	Program Day (Full Day)	\$750	
	Before Care	\$20	
	After care	\$30	
Week 2 August 15 - August 19	Program Day (Full Day)	\$750	
	Before Care	\$20	
	After care	\$30	
Week 3 August 22 - August 26	Program Day (Full Day)	\$750	
	Before Care	\$20	
	After care	\$30	
	TOTAL		

Based on the instruction provided, insurance may be able to cover a percentage of the summer program tuition. Please contact us for more information.

Please enroll the above camper in the Camp Walden Summer Program. I have read, understand and agree to all terms of this application, including the rate sheet, and agree to the fees and conditions listed. I am enclosing a deposit of \$300 for the session(s) I have selected and a non-refundable \$40 registration fee. I understand that this deposit will be credited to my account upon acceptance, and will hold my child’s place until August 8th, at which time the balance is due in full. If my child is not accepted, all funds will be returned to me promptly.

**A health form to be filled out by parent or guardian must be submitted prior to the camper's arrival at Camp. It is expressly understood by the parents/guardian of the camper for whom this reservation is requested that the camper is in a condition of health and soundness of body that warrants her/his undertaking a camping program as outlined in the Camp literature.

** In the event that my family physician or I cannot be contacted in an emergency, I hereby grant Hybridge Learning Group Sumer Program permission to contact emergency services and have my child transported to a hospital emergency room.

Student Name _____

** Permission is hereby granted for photographs to be taken of my child during activities and Harbor Haven has the right to utilize these photographs in our brochures or display materials. [] Yes [] No

** My Child has permission to engage in all prescribed program activities, except as noted on the required medical form.

Parent/Guardian Signature: _____ Date _____

After receipt of this application, including your deposit and registration fee, we will send you a confirmation letter, a friendly reminder schedule, a list of items to bring and a medical form to return before the start of the summer program.

How did you hear about Hybridge Summer Program? _____

**COMPLETED APPLICATIONS MAY BE MAILED, FAXED OR EMAILED.
PAYMENT MAY BE MADE BY CHECK OR ONLINE AT HYBRIDGELEARNING.COM**

**HYBRIDGE SUMMER PROGRAM
HYBRIDGE LEARNING GROUP
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Somerset, NJ 08873
admin@hybridgelearning.com
908-917-2552 - p
908-271-7110 - f**