

# Camp Chateaugay

## Enrollment Application for Summer of 2012

Camper's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Present School Grade \_\_\_\_\_ School \_\_\_\_\_  
Month Day Year

Home Telephone \_\_\_\_\_ Home Fax \_\_\_\_\_  
Area Code Area Code

Father's Full Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are Parent's Separated or Divorced? Yes No Do you want information sent to both parents? Yes No  
 If appropriate, please provide the following information and mailing address of separated / divorced parent:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State / Province \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

PARENT'S E-MAIL \_\_\_\_\_ CAMPER'S E-MAIL \_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE ITEMS REGARDING THIS ENROLLMENT:**

SESSION	SESSION DATES	CAMPER RATE	CIT RATE
<input type="checkbox"/> Full Session	June 28 - August 15, 2012.	\$9,275.00	\$ 5,500.00
<input type="checkbox"/> First Session	June 28 - July 22, 2012.	\$5,700.00	\$ 4,100.00
<input type="checkbox"/> Second Session	July 22 - August 15, 2012.	\$5,350.00	\$ 4,100.00
<input type="checkbox"/> 2 Full Session	Campers must be siblings	\$17,950.00	\$ 10,350.00

ADDITIONAL FEES:	FULL SUMMER	HALF SUMMER
<input type="checkbox"/> CANTEEN FEE (ALL CAMPERS)	\$ 150.00	\$ 150.00
<input type="checkbox"/> C.I.T. TRIP FEES	\$ 300.00	\$ 150.00
<input type="checkbox"/> HORSEBACK RIDING	\$ 500.00	\$ 315.00
<input type="checkbox"/> GOLF	\$ 210.00	\$ 150.00
<input type="checkbox"/> NORTHERN LIGHTS (FINISHING GR. 8)	\$ 195.00	\$ 97.50
<input type="checkbox"/> WILDERNESS (FINISHING GR. 9)	\$ 280.00	N/A

***Each enrollment must be accompanied by an enrollment deposit of \$1200.00 U.S. Funds.  
 After January 20, 2012, the enrollment application must be accompanied with a 50% payment.***

A \$1200 deposit is enclosed with this enrollment application to reserve space for our camper. To secure the reservation and Tuition prices, I / We agree to promptly pay the balance according to the following schedule:

50% OF BALANCE	paid (postmarked) no later than	<b>January 20, 2012</b>
REMAINING BALANCE	paid (postmarked) no later than	<b>April 20, 2012</b>

I / We understand that \$250 of this deposit is a non-refundable enrollment fee and the remaining \$950 is refundable until **January 20, 2012**. Signed application, enrollment deposit and subsequent payments should be mailed to our winter administrative office:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian

**TRAVEL:** I plan to use the following camp transportation:

Bus from  NYC,  White Plains,  Palisades Mall, NY,  Albany (\$85.00-June 28)

Bus to  NYC,  White Plains,  Palisades Mall, NY,  Albany (\$85.00-Aug 15)

Bus from  New York area mid-summer, (\$85.00-July 22)

**Train** to  New York City mid-summer (\$85.00-July 22)

Bus to and from Montreal (required fee of all campers from Montreal) (\$25.00 each way)

Van  To and/or  From:  Boston, (\$85.00 each way)(**min 3 camper**)

Van  To and/or  From Airport (\$45 each way)  I do not know at this point.

**Emergency Authorization for Treatment:**

I hereby give permission to the camp to provide routine health care, administer prescribed medications, seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named on this enrollment.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Recommend a friend:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Grade: \_\_\_\_\_ Email: \_\_\_\_\_

Name two campers you would like to bunk with \_\_\_\_\_

**\*\*\*FOR PAYMENT WITH VISA OR MASTERCARD COMPLETE BELOW\*\*\***

I, \_\_\_\_\_, am authorizing Chateaugay Lake Camp, Inc. to Charge my

**VISA/MASTERCARD#** \_\_\_\_\_ **Card Verification#** \_\_\_\_\_

with an **expiration date of** \_\_\_\_\_, **security code** \_\_\_\_\_ for all charges applicable to my child's stay at Camp Chateaugay. I understand there will be an initial charge of \$1200.00 US to hold a place. I understand that \$250.00 of the deposit is a non-refundable enrollment fee and the remaining \$950.00 is refundable until January 20, 2012. On **January 20, 2012** 50% of the balance will be charged to my credit card and the remaining balance will be charged on **April 20, 2012**. After the summer any remaining balance will be charged to my credit card. All fees are in US dollars.

Cardholder's billing address: \_\_\_\_\_ Date: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

HAL LYONS  
PHONE (800) 431-1184  
OR (860)-350-8822  
FAX (860) 350-8809

**Chateaugay Lake Camp, Inc.**  
d.b.a **Camp Chateaugay**  
**P.O. Box 202**  
**Roxbury, CT 06783**

DOV SHAPIRO  
(514) 369-3654 PHONE  
(800) 487-3866 PHONE