

SEASHORE

DAY CAMP & SCHOOL

(732) 222-6464 | Seashorecampandschool.com
345 Second Avenue, Long Branch, NJ 07740



The Shore Choice With Generations
Of Families For Nearly A Century

Voted Best Camp in Monmouth County 3 Times in a Row Winning
Asbury Park Press Readers Choice Awards in 2011-2019 Voted 2017
and 2018 Most Loved All Around Day Camp

YEARS AT SDC	LAST NAME	FIRST NAME	M/F	DATE OF BIRTH	GRADE ENTERING IN 2020	AGE

CHILD'S NAME	NURSERY PROGRAM CHILDREN 3 YEARS OLD	FULL PRICE	DISCOUNT	TOTAL
	8 WEEKS Full Day Nursery June 29 th - August 21 st	\$3,795.00	\$400.00	\$3,395.00
	5 WEEKS Full Day Nursery June 29 th - July 31 st	\$3,395.00	\$300.00	\$3,095.00
	7 WEEKS Half Day Nursery June 29 th - August 14 th	\$2,795.00	\$400.00	\$2,395.00
	5 WEEKS Half Day Nursery June 29 th - July 31 st	\$2,495.00	\$300.00	\$2,195.00

CHILD'S NAME	DAY CAMP PROGRAM CHILDREN 4 TO 12 YEARS OLD	FULL PRICE	EARLY REG DISCOUNT	TOTAL
	FULL SEASON June 29 th - August 21 st	\$4,495.00	\$400.00	\$4,095.00
	7 WEEKS June 29 th - August 14 th	\$4,295.00	\$400.00	\$3,895.00
	6 WEEKS June 29 th - August 7 th	\$4,095.00	\$400.00	\$3,695.00
	5 WEEKS June 29 th - July 31 st	\$3,895.00	\$400.00	\$3,495.00

CHILD'S NAME	THEATER CAMP CHILDREN 7 TO 16 YEARS OLD (6 years by audition only) (Tech Week, week 7)	FULL PRICE	EARLY REG DISCOUNT	TOTAL
	7 WEEKS June 29 th - August 14 th	\$4,295.00	\$400.00	\$3,895.00
	WEEK 8 Extension August 17 th - August 21 st	\$425.00	N/A	\$425.00
	12 Month Students/ Campers Additional Production Fee	\$495.00	N/A	\$495.00
CIT Age 13 - A special invitation will be mailed to you. * You MUST have been a Super Senior. *				\$2,995.00

Enclosed is my \$500 deposit FOR EACH CAMPER reserving a place in your Day Camp.

PARENT SIGNATURE _____

REFUND POLICY - NO REFUNDS will be given after June 1. Once this application is received and accepted by Seashore Day Camp, we expect the child/children to attend this summer. A \$75 per child service charge will be assessed for any withdrawal prior to June 1st (checks will be issued on June 15, 2020). NO REFUNDS WILL BE GIVEN AFTER JUNE 1ST 2020.

TOTAL	\$
DISCOUNT	\$ APPLIED ABOVE
ACCIDENTAL INSURANCE	\$15 PER CAMPER
GRAND TOTAL	
DEPOSIT	\$
BALANCE DUE	\$

ALL ITEMS MUST BE COMPLETED AND SIGNED

HOME ADDRESS _____

WINTER ADDRESS (IF APPLICABLE) _____

PARENT NAME _____ CELL # _____

WORK # _____ HOME # _____ EMAIL _____

PARENT 2 NAME _____ CELL # _____

WORK # _____ HOME # _____ EMAIL _____

OTHER THAN PARENTS...

EMERGENCY CONTACT _____ EMERGENCY # _____

WORK # _____ HOME # _____ EMAIL _____

EMERGENCY CONTACT 2 _____ EMERGENCY # _____

WORK # _____ HOME # _____ EMAIL _____

FAMILY DOCTOR _____ PHONE _____

CHILD 1 _____ LAST PHYSICAL EXAM _____ CHILD 2 _____ LAST PHYSICAL EXAM _____

At the request of the NJ Dept of Health, Seashore is required to have in all campers files; either a record of immunizations from your doctor for each child or a copy of the A-45 record of immunization form which is the vaccination record on file with your school nurse. This must be in our possession by the first day of camp.

Religious or medically exempt campers must have the letter of exemption in their file prior to the start of camp, Seashore follows state regulations and bulletins concerning campers that are exempt from immunizations.

PHYSICAL CONDITIONS OF WHICH WE SHOULD BE AWARE:

ALLERGIES _____

MEDICATIONS _____

LIMITATION OF ACTIVITIES _____

PARENT SIGNATURE _____

My signature confirms that my child is physically and medically fit to participate in all camp activities, and I fully understand and acknowledge that there are risks and dangers associated with participation in certain activities, which could result in bodily injury. We agree to limit our ability to sue. In the event of an emergency, after every effort has been made to contact a parent, authorization is granted to utilize Monmouth Medical Center for emergency medical treatment.

TRANSPORTATION

All Transportation Arrangements Must Be Set By June 10th

PICK-UP ADDRESS _____

DROP-OFF ADDRESS (IF DIFFERENT) _____

SPECIAL TRANSPORTATION REQUESTS _____