

# SEASHORE DAY CAMP

Est. 1926

(732) 222-6464 | www.seashoredaycamp.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 2020 Most Loved All Around Camp (Third Time)

Years at SDC	Last Name	First Name	M/F	Date of Birth	Grade Entering in 2021	Age

Child's Name	Nursery Program Children 3 Years Old	Full Price	Fall Discount	Total
	8 WEEKS Full Day Nursery June 28 - August 20	\$3,795.00	\$495.00	\$3,300.00
	5 WEEKS Full Day Nursery June 28 - July 30	\$3,395.00	\$395.00	\$3,000.00
	7 WEEKS Half Day Nursery June 28 - August 13	\$2,795.00	\$495.00	\$2,300.00
	5 WEEKS Half Day Nursery June 28 - July 30	\$2,495.00	\$395.00	\$2,100.00

Child's Name	Day Camp Program Children 4 to 12 Years Old	Full Price	Fall Discount	Total
	8 WEEKS Full Season June 28 - August 20	\$4,495.00	\$595.00	\$3,900.00
	7 WEEKS June 28 - August 13	\$4,295.00	\$595.00	\$3,700.00
	6 WEEKS June 28 - August 6	\$4,095.00	\$495.00	\$3,600.00
	5 WEEKS June 28 - July 30	\$3,895.00	\$495.00	\$3,400.00

Child's Name	Theater Camp Children 7 to 16 Years Old (6 years by audition only) ( Tech Week, week 7)	Full Price	Fall Discount	Total
	7 WEEKS June 28 - August 13	\$4,295.00	\$595.00	\$3,700.00
	WEEK 8 EXTENSION	\$495.00	N/A	\$495.00

Enclosed is my \$500 (per camper) deposit reserving a place at Seashore Day Camp for the 95th anniversary summer. To qualify for this discount, a second payment will be due at our February Day of Fun - Open House and full payment must be made by June 1, 2021 or the prevailing rates will apply.

Parent Signature \_\_\_\_\_

Refund Policy: Once the application is received and accepted by Seashore, no cash for voluntary withdrawal will be made after June 1.

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

**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 PARENT**

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 Department of Health, Seashore is required to have in our file a record of 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 The June Open House.

PICK-UP ADDRESS \_\_\_\_\_

DROP-OFF ADDRESS (IF DIFFERENT) \_\_\_\_\_

SPECIAL TRANSPORTATION REQUESTS \_\_\_\_\_