

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 of Monmouth 2020
Winning Asbury Park Press Readers Choice Awards in 2011-2020
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	Winter Discount Through Feb 28	Total
	8 WEEKS Full Day Nursery June 28 - August 20	\$3,795.00	\$395.00	\$3,400.00
	5 WEEKS Full Day Nursery June 28 - July 30	\$3,395.00	\$295.00	\$3,100.00
	7 WEEKS Half Day Nursery June 28 - August 13	\$2,795.00	\$395.00	\$2,400.00
	5 WEEKS Half Day Nursery June 28 - July 30	\$2,495.00	\$295.00	\$2,200.00

Child's Name	Day Camp Program Children 4 to 12 Years Old	Full Price	Winter Discount Through Feb 28	Total
	8 WEEKS Full Season June 28 - August 20	\$4,495.00	\$495.00	\$4,000.00
	7 WEEKS June 28 - August 13	\$4,295.00	\$495.00	\$3,800.00
	6 WEEKS June 28 - August 6	\$4,095.00	\$395.00	\$3,700.00
	5 WEEKS June 28 - July 30	\$3,895.00	\$395.00	\$3,500.00

Child's Name	Theater Camp Children 7 to 16 Years Old (6 years by audition only) (Tech Week, week 7)	Full Price	Winter Discount Through Feb 28	Total
	7 WEEKS June 28 - August 13	\$4,295.00	\$495.00	\$3,800.00
	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 the winter discount, a second payment is due by the April 17th Day of Fun - Open House and final payment must be made by June 1, 2021 or 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

HOMEADDRESS_____

WINTERADDRESS(IF APPLICABLE)_____

PARENTNAME_____CELL#_____

WORK#_____HOME#_____EMAIL_____

PARENT2NAME_____CELL#_____

WORK#_____HOME#_____EMAIL_____

OTHER THAN PARENT
EMERGENCYCONTACT_____EMERGENCY#_____

WORK#_____HOME#_____EMAIL_____

EMERGENCYCONTACT2_____EMERGENCY#_____

WORK#_____HOME#_____EMAIL_____

FAMILYDOCTOR_____PHONE_____

CHILD1_____LASTPHYSICALEXAM_____CHILD2_____LASTPHYSICALEXAM_____

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_____

LIMITATIONOF 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_____