

# Camp Chateaugay

## Enrollment Application for Summer of 2010

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 \_\_\_\_\_ Area Code \_\_\_\_\_ Home Fax \_\_\_\_\_ 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 24 - August 11, 2010.	\$8,750.00	\$ 5 1 0 0 . 0 0
<input type="checkbox"/> First Session	June 24 - July 18, 2010.	\$5,425.00	\$ 4 0 0 0 . 0 0
<input type="checkbox"/> Second Session	July 18 - August 11, 2010.	\$5,075.00	\$ 4 0 0 0 . 0 0
<input type="checkbox"/> 2 Full Session	Campers must be siblings	\$16,950.00	\$ 9 8 0 0 . 0 0

ADDITIONAL FEES:	FULL SUMMER	HALF SUMMER
<input type="checkbox"/> CANTEEN (ALL CAMPERS)	\$ 1 5 0 . 0 0	\$ 1 5 0 . 0 0
<input type="checkbox"/> C.I.T. TRIP FEES	\$ 3 0 0 . 0 0	\$ 3 0 0 . 0 0
<input type="checkbox"/> HORSEBACK RIDING	\$ 4 8 0 . 0 0	\$ 3 0 5 . 0 0
<input type="checkbox"/> GOLF	\$ 2 1 0 . 0 0	\$ 1 5 0 . 0 0
<input type="checkbox"/> NORTHERN LIGHTS (FINISHING GR. 8)	\$ 1 9 5 . 0 0	\$ 9 7 . 5 0
<input type="checkbox"/> WILDERNESS (FINISHING GR. 9)	\$ 2 8 0 . 0 0	N/A

*Each enrollment must be postmarked by September 15, 2009 and accompanied by an enrollment deposit of \$1100.00 U.S. Funds.*

A \$1100 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, 2010</b>
REMAINING BALANCE	paid (postmarked) no later than	<b>April 20, 2010</b>

I / We understand that \$250 of this deposit is a non-refundable enrollment fee and the remaining \$850 is refundable until **January 20, 2010**. 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 24)

Bus to  NYC,  White Plains,  Palisades Mall, NY,  Albany (\$85.00-Aug 11)

Bus from  New York area mid-summer, (\$85.00-July 18)

**Train** to  New York City mid-summer (\$85.00-July 18)

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: \_\_\_\_\_

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

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

VISA/MASTERCARD# \_\_\_\_\_

with an expiration date of \_\_\_\_\_, for all charges applicable to my child's stay at Camp Chateaugay. I understand there will be an initial charge of \$1100.00 US to hold a place. I understand that \$250.00 of the deposit is a non-refundable enrollment fee and the remaining \$850.00 is refundable until January 20, 2010. On **January 20, 2010** 50% of the balance will be charged to my credit card and the remaining balance will be charged on **April 20, 2010**. 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