



Camp Laurelwood

463 Summer Hill Road, Madison, CT 06443 (203) 421-3736 Phone

2012 Bonim Application

Application will be processed when the Terms & Conditions, Payment Plan, & Deposit are received

1) Camper's Full Name: _____ Boy Girl

DOB: __/__/__ Entering Grade 9/1/2012: ____ School: _____

Mailing Address: _____

Tel: () _____ - _____ Email: _____ T-Shirt Size: _____

Synagogue: _____ Bar/Bat Mitzvah Date: _____

Medical Diagnosed Food Allergies: _____

2) Camper's Full Name: _____ Boy Girl

DOB: __/__/__ Entering Grade 9/1/2012: ____ School: _____

Mailing Address: _____

Tel: () _____ - _____ Email: _____ T-Shirt Size: _____

Synagogue: _____ Bar/Bat Mitzvah Date: _____

Medical Diagnosed Food Allergies: _____

Return Application to:



Camp Laurelwood

463 Summer Hill Road, Madison, CT 06443 (203) 421-3736 Phone

Parent's/Guardian Full Name: _____

Occupation: _____ **Work:** () _____ - _____

Email: _____ **Cell:** () _____ - _____

Address (if different from Camper): _____

Parent's/Guardian Full Name: _____

Occupation: _____ **Work:** () _____ - _____

Email: _____ **Cell:** () _____ - _____

Address (if different from Camper): _____

How did you learn about Camp Laurelwood?: _____

Return Application to:

FAX: 203-421-3570 EMAIL: CARRIE@CAMPLAURELWOOD.ORG MAIL: 463 SUMMER HILL ROAD, MADISON, CT 06443



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2012 Session Dates & Rates

Camper 1	Camper 2	Session	Start Date	End Date	Cost
<input type="checkbox"/>	<input type="checkbox"/>	Bonim 1	June 24	July 22	\$5,800
<input type="checkbox"/>	<input type="checkbox"/>	Bonim 2	July 22	August 12	\$3,750
<input type="checkbox"/>	<input type="checkbox"/>	Full Summer	June 24	August 12	\$7,000

***Tuition includes Field Trips, daily snacks, and Camp Laurelwood T-Shirt.**

***Tuition for Bonim 1 includes a trip to Costa Rica (see brochure for details), travel, flight, food, and insurance. Campers are responsible for spending money, laundry money, and fees associated with returning to the United States.**

***There is no Financial Assistance Available for Costa Rica (Bonim 1). Financial Assistance is available for Bonim 2 and you may request an application by contacting the office.**

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Payment Plan Information

Checks must be written to Camp Laurelwood & tuition is due in full by May 1st, 2012

Please choose one of the following:

- I have enclosed a check/bill my credit card for the full amount of tuition
- I have enclosed a check for the minimum non-refundable deposit of \$500/child along with post-dated checks to complete my tuition payments by May 1st, 2012
- Please charge my Credit Card in the amount of \$_____. Then charge my credit card \$_____ per month to complete my tuition payments by May 1st, 2012

Visa Mastercard

Credit Card Number: _____ Exp. Date: _____

Name on Credit Card: _____ Billing Phone: () ____ - ____

Billing Address: _____

Camp Laurelwood Scholarship Fund

Please indicate if you would like to make an optional tax-deductible contribution. You will receive written acknowledgement of your donation. All donations assist in providing scholarships to campers/families in need. Thank you!

___\$54 ___\$100 ___\$250 ___\$500 ___\$1,000 ___Other \$

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Terms & Conditions

Please sign and return with your child's complete application:

- I agree to give a minimum \$500/child deposit with this application plus a valid payment plan option in order to pay the tuition in full by May 1st, 2012.
- All deposits are non-refundable.
- Camp Laurelwood has the right to deny admission to a camper for any reason. If your camper is denied admission, you will not be charged a deposit.
- Balance refunds will NOT be given after April 1st, 2012 unless a doctor's note is presented.
- I give permission for my child to participate in all Overnight Camp activities (see brochure for full program offerings and details).
- I understand that Camp Laurelwood is not responsible for any loss or damage of personal property and items sent to camp are at my OWN RISK.
- I give permission for my child's picture to be used for Camp Laurelwood's publicity.
To opt out, sign here: _____
- I give permission for my child to go on Camp planned and supervised field trips. Campers will be transported by school bus and/or Camp authorized vehicles. Examples of field trips include ice skating, bowling, movies, amusement parks, bike trips, beach, etc.
To opt out, sign here: _____
- I give permission for any remaining funds in my child(ren)'s Canteen account after camp be donated to the Camp Laurelwood Scholarship Fund.
To opt out, sign here: _____
- I understand that Camp Laurelwood is required to follow American Camping Association & State of Connecticut Health Department guidelines. If my child's medical records are not completely updated per the Camp Nurse's approval, my camper will not be allowed to enter camp until they are complete.
- In case of emergency, Camp Laurelwood is hereby granted permission to secure any medical, surgical, and/or hospital service for the camper upon the advice and recommendation of our Camp medical staff. I agree to pay any extra expenses for medical services not covered by my health insurance.

Parent/Guardian Signature

Date

Return Application to: