



www.laurelwood.org

# Camp Laurelwood

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

## 2012 Day Camps - 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: \_\_\_\_\_

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: \_\_\_\_\_

Medical Diagnosed Food Allergies: \_\_\_\_\_

### Sibling Discount

We offer \$10 per week of Day Camp for siblings

## Return Application to:



[www.laurelwood.org](http://www.laurelwood.org)

## 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?: \_\_\_\_\_

### Refer a Friend

If you refer a friend, you will receive \$25 off your total tuition as our Thank You!

## Return Application to:



www.laurelwood.org

## Camp Laurelwood

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

### 2012 Session Dates & Rates – Day Camp (Rising K thru 6<sup>th</sup> Grade)

Camper 1	Camper 2	Session	Start Date	End Date	Cost*
<input type="checkbox"/>	<input type="checkbox"/>	Week 1	June 25	June 29	\$350
<input type="checkbox"/>	<input type="checkbox"/>	Week 2	July 2	July 6	\$350
<input type="checkbox"/>	<input type="checkbox"/>	Week 3	July 9	July 13	\$350
<input type="checkbox"/>	<input type="checkbox"/>	Week 4	July 16	July 20	\$350
<input type="checkbox"/>	<input type="checkbox"/>	Week 5	July 23	July 27	\$350
<input type="checkbox"/>	<input type="checkbox"/>	Week 6	July 30	August 3	\$350
<input type="checkbox"/>	<input type="checkbox"/>	Week 7	August 6	August 10	\$350
<input type="checkbox"/>	<input type="checkbox"/>	All Summer	June 25	August 10	\$2,250
<input type="checkbox"/>	<input type="checkbox"/>	Before Care	8:00 AM – 9:00 AM		\$25/Week
<input type="checkbox"/>	<input type="checkbox"/>	After Care	4:00 PM – 6:00 PM		\$50/Week

\*Tuition includes all snacks, meals, and a Camp Laurelwood T-Shirt. **Financial Aid is not available.**

## Return Application to:

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



www.laurelwood.org

## Camp Laurelwood

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

### 2012 Session Dates & Rates – Lego Camp (Rising K thru 5<sup>th</sup> Grade)

Camper 1	Camper 2	Session	Start Date	End Date	Cost*
<input type="checkbox"/>	<input type="checkbox"/>	Pre Engineering K – 2 <sup>nd</sup> Grade 9 AM – 12 PM	July 9	July 13	\$150
<input type="checkbox"/>	<input type="checkbox"/>	Engineering FUNDamentals 3 <sup>rd</sup> -5 <sup>th</sup> Grade 1 PM – 4 PM	July 9	July 13	\$150
<input type="checkbox"/>	<input type="checkbox"/>	½ Day Camp	July 9	July 13	\$150
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Before Care After Care	8:00 AM – 9:00 AM 4:00 PM – 6:00 PM		\$25/Week \$50/Week

\*Includes T-Shirt, snacks for ½ Camp & Before/After Care participants. **Financial Aid is not available.**

### 2012 Session Dates & Rates – Pioneering Camp (Rising 4<sup>th</sup> thru 6<sup>th</sup> Grade)

Camper 1	Camper 2	Session	Start Date	End Date	Cost*
<input type="checkbox"/>	<input type="checkbox"/>	Pioneering	July 30	August 3	\$350
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Before Care After Care	8:00 AM – 9:00 AM 4:00 PM – 6:00 PM		\$25/Week \$50/Week

\*Tuition includes all snacks, meals, and a Camp Laurelwood T-Shirt. **Financial Aid is not available.**

## Return Application to:



www.laurelwood.org

## Camp Laurelwood

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

### 2012 Session Dates & Rates – Theater Camp (Rising 4<sup>th</sup> thru 9<sup>th</sup> Grade)

Camper 1	Camper 2	Session	Start Date	End Date	Cost*
<input type="checkbox"/>	<input type="checkbox"/>	Theater	August 6	August 10	\$350
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Before Care After Care	8:00 AM – 9:00 AM 4:00 PM – 6:00 PM		\$25/Week \$50/Week

*\*Tuition includes all snacks, meals, and a Camp Laurelwood T-Shirt. Financial Aid is not available.*

### 2012 Session Dates & Rates – Sports Camp (Rising 4<sup>th</sup> thru 6<sup>th</sup> Grade)

Camper 1	Camper 2	Session	Start Date	End Date	Cost*
<input type="checkbox"/>	<input type="checkbox"/>	Sports	August 6	August 10	\$350
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Before Care After Care	8:00 AM – 9:00 AM 4:00 PM – 6:00 PM		\$25/Week \$50/Week

*\*Tuition includes all snacks, meals, and a Camp Laurelwood T-Shirt. Financial Aid is not available.*

## Return Application to:



# Camp Laurelwood

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

[www.laurelwood.org](http://www.laurelwood.org)

## Payment Plan Information

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

Please choose one of the following:

I have enclosed a check for the Minimum Non-Refundable Deposit of 1 Week Tuition/Child

I have enclosed a check for the full amount of Tuition

Please charge my Credit Card in the amount of \$\_\_\_\_\_

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 overnight campers/families in need. Thank you!

\_\_\_\$54 \_\_\_\$100 \_\_\_\$250 \_\_\_\$500 \_\_\_\$1,000 \_\_\_Other \$

## Return Application to:



[www.laurelwood.org](http://www.laurelwood.org)

## Camp Laurelwood

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

### Terms & Conditions

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

- I agree to give a minimum 1 week tuition/child deposit with this application
- 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 June 1<sup>st</sup>, 2012 unless a doctor's note is presented
- I give permission for my child to participate in all Day Camp activities (see brochure for full program offerings and details)
- I understand Camp Laurelwood does not provide transportation
- 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 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: