

RED ROBIN Country Day Camp

878 Jericho Turnpike, Westbury, NY 11590-1448
Tel 516-334-1144 Fax 516-334-0565

OFFICE USE ONLY
Date application received:

2012 Application Boy Girl

| | | | |
|--|--------------------------------|------------|----------------------|
| Camper's Last Name | First | MI | |
| Street Address | Town | Zip | |
| Grade as of September 2012 | Birthdate | Home Phone | Family Email Address |
| Father's Name & Business Phone | Mother's Name & Business Phone | | |
| Family Physician's Name | | | |
| Address | Phone | | |
| Emergency Names and Phones (indicate two) | | | |
| Personal Comments (special needs, allergies, etc.) | | | |
| Group Requests (limited to two) | | | |

Session (check one)

- Full Day (9:15 AM – 4:00 PM)
 Midi Day (9:15 AM – 1:00 PM)

Weeks (check one)

- 8 Weeks (June 25 - Aug. 16)
 7 Weeks (any 7 weeks)
 6 Weeks (any 6 weeks)
 5 Weeks (any 5 weeks)

- Unique Weeks (any 16 days)
 Unique Weeks (any 24 days)
 4 Weeks I (June 25 - July 20)
 4 Weeks II (July 23 - Aug. 16)

- Super Senior Program (3rd and 4th graders enjoy 1 day trip per week, an overnight and our new clubs program.)
 Super Senior Adventure Program (5th, 6th, and 7th graders enjoy 3 day trips per week, an overnight and our new clubs program.)

Additional Sibling Discount: Deduct 10% for each additional sibling registered for the 2012 Camp Season.

Regardless of your tuition, you may receive a **\$100 Referral Rebate** check for any families you refer (one rebate per family for new families referred who have never attended any Red Robin programs in the past) once that family has made their tuition payment in full. Referred family must present referral card (enclosed) at time of enrollment.

Conditions of Enrollment:

- Appropriate deposit based on tuition chosen (see tuition form) with a completed, signed application and consent/transportation form constitutes registration.
- Camp tuition includes transportation, hot and cold lunches, snacks, camp t-shirt, camp bag and fresh daily towel service.
- Full refunds less a \$295 application fee will be made up until April 1, 2012. Withdrawals must be made in writing prior to this date. After April 1, 2012, the deposit and application fee will be forfeited.

Continued on reverse →

Please be sure to read and sign on reverse.

Conditions of Enrollment (continued):

- In the event a camp day is cancelled due to an act of nature or any other cause beyond our control, we regret that no refunds or make-up days will be provided. Additionally, in the event that your child does not successfully adjust to camp during the 2012 summer season, as agreed between your family and Red Robin Camp's Directors, Red Robin will refund the remainder of the camp season, less a prorated mandatory 10 day adjustment period based on your child's camp tuition. After 10 days of attendance, camp tuition per day will be prorated accordingly. We regret that those families who withdraw after the start of camp for any other reason will receive **no** refunds.
- A complete medical examination, record of immunizations and documented health history (must have been completed after August 16, 2011) are required prior to attending camp.
- Permission is given for my child's participation in camp conducted field trips, if offered.
- Consent is given to Red Robin to use photos and/or videos of my child for promotion of Red Robin and its programs.
- Permission is given for my child, in case of emergency when neither a parent nor family physician can be reached, to be attended to in the emergency room of a hospital or a physician's office.

Parent's Signature

Date

Method of Payment (check one)

Check

Visa/Mastercard

I authorize Red Robin Country Day Camp to charge my account for the deposit and balance of camp fee when due.

Amount to be charged

Visa/Mastercard #

Expiration date

3 digit security code

Signature of cardholder

Street billing address

Zip code of billing address

This camp is required to be licensed by the New York State Department of Health. This camp is required to be inspected twice yearly. Inspection reports concerning this camp are filed with the Nassau County Department of Health, located at 106 Charles Lindbergh Boulevard, Uniondale, NY 11553, (516) 227-9717, 9:00 AM - 4:45 PM, Mon. - Fri.

Proudly accredited by:

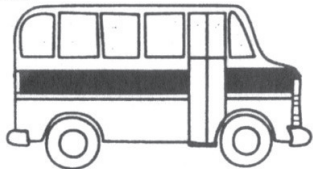


Proud to be a member of:



Town _____

Camper's Name _____



RED ROBIN

Country Day Camp

Transportation Information *Please complete and return*

Street Address _____

Home Phone _____

Session (check one)

- Full Day (9:15 AM - 4:00 PM)
- Midi Day (9:15 AM - 1:00 PM)

Weeks (check one)

- 8 Weeks (entire summer)
- 7 Weeks (any 7 weeks)
- 6 Weeks (any 6 weeks)
- 5 Weeks (any 5 weeks)
- Unique Weeks (any 16 days)
- Unique Weeks (any 24 days)
- 4 Weeks I (first 4 week session)
- 4 Weeks II (second 4 week session)

Please indicate location of house and identify main streets.

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|--|--|--|
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| | | |

Consent Form

The following individuals have my permission to pick up my child at Red Robin or meet my child at the bus.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Additional Information _____

X Parent's Signature _____

Date _____

PLEASE SIGN THIS FORM