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## Hillcrest Summer Day Camp & Swim Registration Form

(Please select all **Camps** your child will attend)

### Four Week Camp Programs

- Summer Camp 1* - July 2<sup>nd</sup> thru July 27<sup>th</sup>
- Summer Camp 2* - July 30<sup>th</sup> thru Aug. 24<sup>th</sup>

### One Week Camp Programs

- Early Summer Week 1* - June 18<sup>th</sup> thru June 22<sup>nd</sup>
- Early Summer Week 2* - June 25<sup>th</sup> thru June 29<sup>th</sup>
- Late Summer Week 3* - Aug 27<sup>th</sup> thru Aug 31<sup>st</sup>

(Please select the **Program and Days** your Child will attend)

- Extended Day Program**                      7:30 AM to 6:00 PM

..... *OR* .....

- Full Day Program**                              8:30 AM to 3:30 PM

- Days Selection**             2 Days /Week                       3 Days/ Week                       5 Days/ Week

*On following day(s)* .....

- Weekday Selection**     Monday     Tuesday     Wednesday     Thursday     Friday

*Additional Hours (Applies to Extended Day Program Only)* .....

- From 6:30-7:30AM add \$8/ Day                       From 6:00-6:30 PM add \$5 /Day

### *Swim Lessons Program*

### *Camp Swim Program Schedule*

- 2 Lessons per Week
- 3 Lessons per Week
- 5 Lessons per Week

- July Camp
- August Camp

\*Please Check **Both** if your child will be attending Both Camps

**\*PLEASE COMPLETE ALL THE FOLLOWING REGISTRATION INFORMATION ON BOTH SIDES OF THIS DOCUMENT**

**TODAY'S DATE:** (MM/DD/YYYY) \_\_\_\_\_

### CHILD'S INFORMATION

Child's Name: \_\_\_\_\_  
 Date of Birth: (MM/DD/YYYY) \_\_\_\_\_ Age: \_\_\_\_\_ Start Date: (MM/DD/YYYY) \_\_\_\_\_  
 Child's Doctor Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_  
 Medical Conditions/Allergies: \_\_\_\_\_

+                      +                      +                      +                      +

### PARENT(S) / GUARDIAN INFORMATION

**Mother's Name:** \_\_\_\_\_ **Mother's Signature** \_\_\_\_\_ **Mother's SSN:** \_\_\_\_\_  
**Mother's Occupation:** \_\_\_\_\_ **Place of Business:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Father's Name:** \_\_\_\_\_ **Father's Signature** \_\_\_\_\_ **Father's SSN:** \_\_\_\_\_  
**Father's Occupation:** \_\_\_\_\_ **Place of Business:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Marital Status:**     Married                       Single                       Divorced                       Separated  
**Custody\* Information:** \_\_\_\_\_

*\*Please note Hillcrest must have a certified copy of any court orders for us to abide by any parental restrictions.*

+                      +                      +                      +                      +

### EMERGENCY CONTACT / ALTERNATE PICKUP INFORMATION

PLEASE PROVIDE NAMES OF ADULTS AUTHORIZED TO PICK UP YOUR CHILD AND/OR CONTACT IN CASE OF EMERGENCY IF NEITHER PARENT IS AVAILABLE:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Hillcrest Summer Day Camp & Swim Registration Form

**Enrollment (Please fill out all areas that apply, Initial and Sign where required)**

**Days and Hours Attending (Ex: Mon. 7<sup>30</sup> am / 6<sup>00</sup> pm)**

Mon. \_\_\_\_/\_\_\_\_/\_\_\_\_ Tues. \_\_\_\_/\_\_\_\_/\_\_\_\_ Wed. \_\_\_\_/\_\_\_\_/\_\_\_\_ Thurs. \_\_\_\_/\_\_\_\_/\_\_\_\_ Fri. \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Additional Hours (\*Use this section for Early/Late Additional Hours Only)**

**It is necessary to specify Early/Late Drop Off/Pickup times to ensure proper Student/Teacher Ratios.**

Early Drop Off Time \_\_\_\_\_ am                      Late Pick Up Time \_\_\_\_\_ pm

**Tuition and Fees**

\_\_\_\_\_ \*Please pay tuition at least 5 business days in advance of the program begin date. No refund of tuition for absences, vacations or holidays due to teacher and camp counselor scheduling.

\_\_\_\_\_ (Initials) Tuition is payable in advance. Monthly tuition is due by the 25<sup>th</sup> of the previous to the program month, bi-weekly Tuition is due 5 Business Days before the program start. Weekly tuition is due on 5 Business Days before the program week starts. Payments received after the due dates are subject to a \$5 late fee per day. If a payment is delinquent for 1 week, reserved program space for your child may be subject to cancellation until the balance is paid in full.

\_\_\_\_\_ (Initials) Late fees of \$1.00 per minute will be charged for any late pickup after your child's scheduled pickup time.

**Payment / Registration Information**

We cannot refund money due to family vacations, illness, holidays, etc. Payment is due for days and times registered. There are **no exceptions**. Please be advised that Hillcrest Academy requires two (2) weeks written notice should your child be leaving the program, you are responsible for a 2-week payment or payment through the end of your child's scheduled program end whichever is less. **A 10% DISCOUNT WILL BE GIVEN FOR ADDITIONAL ATTENDING SIBLINGS. PAYMENTS ARE DUE FIVE DAYS PRIOR TO THE FIRST DAY OF YOUR CHILD'S CHOSEN CAMP SESSION. Please see the reverse side for HCA Camp and HCA Swim Program for pricing. Swimming lessons are not included in the HCA Summer Camp Program price.**

This registration form must be completed on *both sides* and returned with a non-refundable \$40.00 registration fee.

There is a \$50.00 non-refundable deposit due for each session with this registration form.

This deposit will be applied to your child's tuition. Your child is **not** registered until the registration fee and deposits are paid.

Once registered, your child will receive their camp packet with information on what to bring to camp and general information about the camp procedures. Your child will receive a newsletter from his/her teacher along with a list of special camp activities planned for each month.

\_\_\_\_\_ (Initials) Any changes to schedule may result in a \$10 fee.

\_\_\_\_\_ (Initials) Two weeks written notice is required for any reduction in schedule or withdrawal from Hillcrest Academy Program. All changes must be made in writing.

**Payment Default**

A \$35 RETURNED CHECK CHARGE ON ALL CHECKS RETURNED BY THE BANK. RETURNED CHECKS CANNOT BE REDEPOSITED. REPLACEMENT, AND FUTURE PAYMENTS MUST BE MADE IN CASH OR MONEY ORDER INCLUDING RETURNED CHECK FEE. PAST DUE TUITION ACCOUNTS REFERRED TO OUR COLLECTION AGENCY AND WILL INCLUDE HILLCREST LATE FEES AND COLLECTION FEES NOT TO EXCEED 40% IN ADDITION TO THE CLAIM AMOUNT.

*I understand that payment is due regardless of vacations, holidays, illness, etc. I also understand that late fees will be applied if my payment is received later than the scheduled due date. The party signing this agreement is responsible for payment of the total tuition for enrolled child.*

Tuition of \$\_\_\_\_\_ will be paid 5 Days in advance of the scheduled start date of the Program chosen. I understand that my child will not be permitted to attend Hillcrest unless payment schedule(s) is adhered to by the following schedule chosen:

Please Check One -

Weekly                      Bi-Weekly                      Monthly                      Drop-In    Day(s) \_\_\_\_\_

Date(s) \_\_\_\_\_

"  
"

Parents' or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents' or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For HCA Use Only:**

Reg. Amt. Pd: \_\_\_\_\_ Dep. Amt Pd: \_\_\_\_\_ Date Pd: \_\_\_\_\_ Ck. /Ref# \_\_\_\_\_ Room #: \_\_\_\_\_ Received By: \_\_\_\_\_