23 Grove Street, Bayville, NJ 08721 Email: hillcrestchild@optonline.net

Name:

Address: ____



Tel: 732.269.8585 Fax: 732.269.7592

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Hillcrest Academy Summer Day Camp & Swim Registration Form 2025

Please Complete All Information On Both Sides Of This Form

(Please select all **Camps** your child will attend) Four Week Camp Programs One Week Camp Programs **■** *Mini Camp 1* - June 16th Thru June 20th **■** Full Camp 1 – June 30th Thru July 25th Mini Camp 2 – June 23rd Thru June 27th ☐ *Mini Camp 3*- August 25th Thru August 29th **Full Camp 2** − July 28th Thru August 22nd (Please select the **Program and Days** your Child will attend) **Program Selection Extended Day Program** 7:30 AM to 5:30 PM **Full Day Program** 8:30 AM to 3:30 PM **Additional Hours** ☐ Before Care (Morning) 6:30 am-7:30 am ☐ After Care (Evening) 5:30 pm-6:30 pm On The Following Days Days Selection Days / Week Monday Tuesday Wednesday 3 Days / Week Thursday 5 Days / Week Friday Swim Lessons Program Swim Lessons During □ 2 Lessons / Week ■ July Camp □ 3 Lessons / Week ■ August Camp **CHILD'S INFORMATION** _____ Male / Female T-Shirt Size (Circle One): YS YM YL AS AM Child's Name: Date of Birth: (MM/DD/YYYY) _____/___ Age at start of Camp: _____ Start Date: ___/___/ _____ Doctor's Phone: _____ Child's Physician: _____ Medical Conditions/Allergies: PARENT(S) / GUARDIAN INFORMATION _____City: _____State: _____Zip:____ Home Address: Home Phone: _____ Cell Phone: _____ Email: _____ Parent 1 Occupation: _____ Address of Business: _____ Business Phone: ____ _____City: _____State: ____Zip:____ Home Address: Home Phone: _____ Cell Phone: _____ Email: _____ Parent 2 Occupation: _____ Address of Business: _____ _____ Business Phone: ___ 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 OFADULTS AUTHORIZED TO PICK UP YOUR CHILD AND/OR CONTACT IN CASE OF EMERGENCY IF NEITHER PARENT IS AVAILABLE: __ Relationship: ___ ___Phone: Name: Cell Phone: ____ Address: ___ _____Relationship: ____

_____Phone: ___

_____Cell Phone: _____

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

	Days and	Hours At	ttending (Ex: Mon. <u>7</u>	7 ³⁰ am / 5	5 ³⁰ pm)							
	Mon	/	Tue	es/_		Wed	/	_ Thu	rs		Fri	/	
						Late Addition			ıdent/Tea	icher Ra	tios.		
	Early Drop	o off time		am	Late P	Pick up time		_pm					
Tuition	n and Fee	es											
						5 business da elor scheduli				oegin date	e. No refur	nd of tuition	n for
a	(Initials) Tuition is payable in advance. Monthly tuition is due by the 25 th of the previous to the program month. There is a 5 business day grace period, after which a 2.5% late fee will be billed. If payment is still not received after 10 business days, an additional 2.5% late fee will be charged and your child will be removed from the program and your child will be replaced with a camper from our waiting list.												
-	(Initials) Late fees of \$1.00 per minute will be charged for any late pickup after your child's scheduled pickup time.												
-	(Initials) Any changes to schedule may result in a \$10 fee.												
-	(Ini				e is requir	red for any re	eduction in	schedule o	or withdra	wal from	Hillcrest A	Academy.	
Payme	nt / Regi	stration	n Inform	ation									
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