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

Tel: 732.269.8585
Fax: 732.269.7592
Web: www.hillcrestchild.com

Hillcrest Academy Summer Day Camp & Swim Registration Form 2026

Please Complete All Information On Both Sides Of This Form

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

Four Week Camp Programs

- ☐ ***Full Camp 1*** – July 6th Thru July 31st
- ☐ ***Full Camp 2*** – August 3rd Thru August 28th

One Week Camp Programs

- ☐ ***Mini Camp 1*** - June 22nd Thru June 26th
- ☐ ***Mini Camp 2*** – June 29th Thru July 3rd
- ☐ ***Mini Camp 3***- August 31st Thru September 3rd

(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**

Days Selection

- ☐ 2 Days / Week
- ☐ 3 Days / Week
- ☐ 5 Days / Week

On The Following Days

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

Swim Lessons Program

- ☐ 2 Lessons / Week
- ☐ 3 Lessons / Week

Swim Lessons During

- ☐ July Camp
- ☐ August Camp

CHILD'S INFORMATION

Child's Name: _____ Male / Female T-Shirt Size (Circle One): YS YM YL AS AM AL

Date of Birth: (MM/DD/YYYY) _____/_____/_____ Age at start of Camp: _____ Start Date: ____/____/_____

Child's Physician: _____ Doctor's Phone: __ _____

Medical Conditions/Allergies: _____

PARENT(S) / GUARDIAN INFORMATION

Parent/Guardian 1: _____ Parent 1 Signature_____ Parent 1 SSN: _____-____-_____

Home Address: _____City: _____State: _____Zip:_____

Home Phone: _____ Cell Phone: _____ Email: _____

Parent 1 Occupation: _____ Address of Business: _____ Business Phone: _____

Parent/Guardian 2: _____ Parent 2 Signature_____ Parent 2 SSN: _____-____-_____

Home Address: _____City: _____State: _____Zip:_____

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:

Name: _____ Relationship: _____Phone: _____

Address: _____Cell Phone: _____

Name: _____Relationship: _____Phone: _____

Address: _____Cell Phone: _____

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

Days and Hours Attending (Ex: Mon. 7[30] am / 5[30] 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

Tuition balance (as per 2026 pricing guide) is due 5 business days in advance of the program begin date. No refund of tuition for absences, vacations or holidays due to camp counselor scheduling and ratio requirements.

_____ (Initials) Tuition is payable in advance. Mini camp weeks are due the Monday before the program starts. Full camps are due the Monday before the program starts. 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 $20 fee.

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

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 is given on additional attending siblings. ALL PAYMENTS ARE DUE FIVE DAYS PRIOR TO THE START OF YOUR CHILD'S CAMP SESSION. Please see the HCA Information Guide for Camp and Swim Program 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 $100.00 registration fee. There is a $200.00 non-refundable deposit per enrolled 4-week session due 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 via e-mail with information on what to bring to camp, a Trip Permission form and general information about the camp procedures. Your child will receive a newsletter from his/her counselor along with a list of special camp activities planned for each month.

Payment Default

THERE IS A $35 RETURNED CHECK CHARGE ON ALL CHECKS RETURNED BY THE BANK. RETURNED CHECKS CANNOT BE REDEPOSITED. REPLACEMENT MUST BE MADE IN CASH OR MONEY ORDER INCLUDING THE $35 RETURNED CHECK FEE. PAST DUE TUITION ACCOUNTS WILL BE REFERRED TO OUR COLLECTION AGENCY AND WILL INCLUDE HILLCREST LATE FEES, COLLECTIONS FEES AND A 40 % COLLECTION CHARGE, 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 issued if my payment is received later than the scheduled date. The party signing this agreement is responsible for payment of the total tuition for enrolled child.

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./R#*_____ Room #:_____ Received By:_____