



**2009 APPLICATION FOR ENROLLMENT**

Camper's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade (Entering fall of 2008): \_\_\_\_\_  
 School: \_\_\_\_\_ Camper email: \_\_\_\_\_  
 Parent(s): Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Father's email: \_\_\_\_\_  
 Home Fax: ( ) \_\_\_\_\_ Mother's email: \_\_\_\_\_  
 Father's daytime phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_  
 Mother's daytime phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_  
 Mother's Cell# ( ) \_\_\_\_\_ Father's Cell # ( ) \_\_\_\_\_  
 Please print name, address and home phone of Mother or Father (circle one) if different from above:  
 \_\_\_\_\_

**We are applying for (check one):**

- \_\_\_\_\_ 7 Weeks Full Session: Sunday, June 28 - Saturday, August 15 - \$8000.00
- \_\_\_\_\_ 4 Weeks Session 1: Sunday, June 28 - Saturday, July 25 - \$5000.00
- \_\_\_\_\_ 3 Weeks Session 2: Sunday, July 26 - Saturday, August 15 - \$4250.00
- \_\_\_\_\_ Two Weeks Session 1A\*: Sunday, June 28 – Saturday July 11 - \$3000.00
- \_\_\_\_\_ Two Weeks Session 1B\*: Sunday, July 12 – Saturday, July 25 - \$3000.00
- \_\_\_\_\_ Two Weeks Session 2A\*: Sunday, July 26 – Saturday, August 8 - \$3000.00

*\*Two-week sessions with the option to extend are open to a very limited number of new 7, 8 and 9 year olds*

**Indicate your method of payment & return it with this completed form made payable to: Adirondack Camp**

Enclosed is my payment of \$ \_\_\_\_\_ Check # \_\_\_\_\_ Visa \_\_\_ MC \_\_\_ Am Ex \_\_\_ Discover \_\_\_  
 Card Number \_\_\_\_\_ Expiration: \_\_\_\_\_

We request a **deposit of \$750 per child to reserve space** to accompany your application. Tuition may be paid in advance in full or else in accordance with the following schedule and shall be refundable at any time prior to April 1, 2009, subject to the terms set forth herein. Balances are due as follows: 25% of full tuition by November 15, 2008; 25% of full tuition by January 15, 2009; 25% of full tuition by March 1, 2009; 25% of full tuition by April 1, 2009, after which all fees are nonrefundable and session changes will initiate a \$100 change fee. A service fee of \$350 will be deducted for withdrawal prior to this date. Tuition includes all in-Camp activities and regular trips. Additional fees are assessed for personal account, transportation and special programs. The personal account fees cover camper store charges (flashlights, toothbrush, etc). We will mail you all relevant information. You may contact us at [info@adirondackcamp.com](mailto:info@adirondackcamp.com) or visit [www.adirondackcamp.com](http://www.adirondackcamp.com) for more information. Sibling and alumni discounts apply.

**SPECIAL NOTES:**

1. Families with limited income and special financial needs may apply for tuition scholarships through the Adirondack Camp Scholarship Fund, which awards a limited number of scholarships to deserving children each year. Applications to the Fund must be submitted prior to March 1<sup>st</sup> of each year in order to be considered by the Fund's independent Board of Directors. To apply, please contact: Adirondack Camp Scholarship Fund, P.O. Box 93, Putnam Station, NY, Nancy Rad 518-369-6716, [drad@nycap.rr.com](mailto:drad@nycap.rr.com).
2. Alumni discounts are available on a one-time basis per child. Please call us at 518-547-8261 or email [info@adirondackcamp.com](mailto:info@adirondackcamp.com) to inquire about Alumni and Sibling discounts.
3. **All enrollments are subject to the approval of our medical staff and Director**, as well as submission of all required forms on a timely basis. A letter of acknowledgement will be forwarded to you upon receipt. A Parent's Handbook will be mailed in early spring. If you have any questions or concerns, please do not hesitate to contact us. We look forward to seeing you in the summer!

**Required Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I heard about Adirondack Camp through:**

Adirondack Website: \_\_\_\_\_ Current Adirondack Family: \_\_\_\_\_  
Advisory Service \_\_\_\_\_ Camp Fair: \_\_\_\_\_  
Publication / Advertisement \_\_\_\_\_ Other: \_\_\_\_\_

**Please send information to OUR FRIENDS:**

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Address : \_\_\_\_\_  
Child(ren) & Age(s): \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Address : \_\_\_\_\_  
Child(ren) & Age(s): \_\_\_\_\_

# ADIRONDACK CAMP CONFIDENTIAL QUESTIONNAIRE 2009

(Please Complete)

Camper: \_\_\_\_\_ Age as of 6/29/09: \_\_\_\_\_  
# Years at ADK: \_\_\_\_\_ Grade completed as of June 2009: \_\_\_\_\_  
Parent Names: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

<b>Office Use:</b> Session: _____ Cabin: _____
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Dear Parents,

Our mission is to help your child make the most of their Camp experience. As our staff are effectively parenting your child for the next several weeks, please provide us with as honest and detailed information as possible. Rest assured that the information provided will be kept confidential and will be shared only with staff members who will be working directly with your child.

1. What words come to mind when describing your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What are some hints/suggestions for guiding, relating to, and building a relationship with your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What interests and activities does your child have/participate in? \_\_\_\_\_  
\_\_\_\_\_
4. What causes stress in your child and how she/he cope? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What are your anxieties about Camp? Your child's? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What is your child's experience with camps (Adirondack or other)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. What might your child need help with? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. What do you consider most important for us to know about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Has your child recently undergone any major family changes (divorce, birth, move...) and if so, how are they adapting? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Has your child seen a psychologist, psychiatrist, therapist or other counseling specialist in the past two years? If so, for how long and for what reason was treatment recommended? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Is your child currently prescribed or recently been taken off any behavior modification medication? If so, please indicate the type of medication and reason for use/discontinuation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Any medical or dietary concerns in the last two years? How does this effect your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Are there any specific activities you wish your child to be directed toward or away from?  
\_\_\_\_\_  
\_\_\_\_\_

14. Will your child know any other Campers? What is their relationship? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. If your child would like to be placed (or not to be placed) in a cabin with another camper, please indicate so here. Please understand that although we do our best to honor these requests, it is not always possible. Your support in this matter is particularly important in helping your child make new friends and have a happy, successful summer.  
\_\_\_\_\_  
\_\_\_\_\_

**Other Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please feel free to attach additional notes or comments. You are also welcome to contact Camp if there is something further that you would like to discuss. [Linda@AdirondackCamp.com](mailto:Linda@AdirondackCamp.com)

**Required Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_