



2010 APPLICATION FOR ENROLLMENT

Camper's Full Name: _____ Nickname: _____

Date of Birth: _____ Gender: _____ Grade (Entering fall of 2009): _____

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):

_____ **Full Session:** Sunday, June 27th - Thursday, August 19th - \$8900.00

_____ **Session One:** Sunday, June 27th - Saturday, July 24th - \$5750.00

_____ **Session Two:** Sunday, July 25th - Thursday, August 19th - \$5300.00

First time campers, ages 7 thru 9, may inquire about our two-week sessions.

_____ Two Week Session 1A: Sunday June 27th – Saturday July 10th - \$3400.00

_____ Two Week Session 1B: Sunday July 11th – Saturday July 24th - \$ 3400.00

_____ Two Week Session 2A: Sunday July 25th – Saturday August 7th - \$3400.00

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

Enclosed is my payment of \$ _____ Check # _____ Visa ___ MC ___ Amex ___ 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, 2010**, subject to the terms set forth herein. Balances are due as follows: 25% of full tuition by November 1, 2009; 25% of full tuition by January 5, 2010; 25% of full tuition by February 15, 2010; 25% of full tuition by April 1, 2010, 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 or visit www.adirondackcamp.com for more information. Sibling and alumni discounts are available.

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 1st 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 12861.
2. Alumni discounts are available on a one-time basis per child. Please call us at 518-547-8261 or email 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 2010

(Please Complete)

Camper: _____ Date of Birth: _____

New or Returning Camper? _____ School Year (Grade) Completed: _____

Parent Names: _____

Phone Number(s): _____ E-mail: _____

Office Use Only:

Session: _____

Cabin: _____

Dear Parents,

Please provide us with honest detailed information knowing that it will be kept confidential and utilized only by staff members who will be working directly with your child. The completion of this form enables us to better understand and address the needs of your child while they are here with us even if they are a returning camper. The information greatly benefits new staff who will be meeting your child for the very first time at Adirondack Camp.

1. Cabin or Friend Requests: _____

2. Specific activities that you wish your child to be directed toward or away from? _____

3. What is your child's swimming experience? _____

4. 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? _____

5. 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. _____

6. Any medical or dietary concerns in the last two years? (Anorexia, Picky-Eater, Over-Eater, Kosher, Vegan, Vegetarian, Lactose Intolerant, Allergies, Asthma?) _____

7. Has your child wet the bed at night more than three times within the past 2 months? _____
If yes – what is your evening procedure with your child? _____

8. Has your child been treated for Head Lice within the past 6 months? _____

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

10. What words come to mind when describing your child? _____

11. What are some hints/suggestions for guiding, relating to, and building a relationship with your child?

12. What are your concerns (as a parent) about Camp for your child? _____

13. What causes stress/anxiety in your child and how she/he cope? _____

14. How will we know if your child is homesick or having difficulty with other campers in some way? _____

15. What do you consider most important for us to know about your child? What might they need help with?

Thank you for your time in filling out this form. Please feel free to attach additional notes or comments to this document. You can also call or email Camp directly if there is something that you would like to discuss in more specific detail (linda@adirondackcamp.com).

Required Signature of Parent/Guardian: _____ **Date:** _____