2018 CAMP WARWICK REGISTRATION FORM

THIS FORM MUST BE COMPLETED BY PARENT/ GUARDIAN AND SUBMITTED WITH PAYMENT AND OTHER REQUIRED DOCUMENTS BEFORE REGISTRATION WILL BE ACCEPTED.

THE PERSON REGISTERING THIS CAMPER IS RESPONSIBLE FOR MAKING ALL PAYMENTS.

Please use one form per child. Copies may be made of this form.

PRINT NEATLY WTH BLUE OR BLACK INK. FILL IN **ALL** INFORMATION

CAMPER INFORMATION (WHERE CAMPER RESIDES)

Is this the camper's first summer at Camp Warwick? ❑ **Yes** ❑ **No** Grade Completed _____ ❑ Male ❑ Female

Camper Birth Date ____/____/____ Camper Age: _____

Last Name _____ First Name _____ Initial _____

Parent/Guardian Full Name(s) _____

Mailing Address _____

City _____ State _____ Zip _____

Name of Person Registering this Camper If Other Than Parent/Guardian _____

Relationship to Camper _____

Registrant's Phone Number _____ Email _____

Camper lives with: ❑ Both Parents ❑ Mother ❑ Father ❑ Other _____

Please place a check next to the number and email that is best to use as a first contact.

❑ Home Telephone _____

❑ Mother's Work Telephone _____ ❑ Father's Work Telephone _____

❑ Mother's Cell Phone _____ ❑ Father's Cell Phone _____

❑ Mother's Email _____ ❑ Father's Email _____

How did you learn about Camp Warwick (i.e., referral, advertisement, church)? _____

_____

CHURCH INFORMATION (If applicable)

Church Name _____

❑ Reformed Church in America ❑ Other Denomination _____

Address _____

City _____ State _____ Zip _____

EMERGENCY CONTACT INFORMATION REQUIRED* LIST INDIVIDUALS OTHER THAN PARENT/GUARDIAN)

Emergency Contact #1 _____ Telephone _____ ❑ Home ❑ Cell ❑ Work

Relationship to Camper _____

Emergency Contact #2 _____ Telephone _____ ❑ Home ❑ Cell ❑ Work

Relationship to Camper _____

If camper is residing with a friend or relative other than parent/guardian during the week they are attending camp, please list that individual as Emergency Contact #1.

Send Registration, Health Record and Waiver Forms with FULL PAYMENT to:

CAMP WARWICK, REGISTRAR, P. O. Box 349, WARWICK, NY 10990 / (845) 986-1164

Payment Options: Checks payable to the **Warwick Conference Center, Inc.**

Credit Card: Visa or Mastercard

CAMPER NAME _____

GENERAL REGISTRATION INFORMATION

REGISTER EARLY and SAVE $30.00! Submit registration, payment and all supporting documents by regular mail or email before April 13, 2018, and deduct $30.00 off of your total camp fees. NO COUPON NEEDED!

There will be a $25.00 LATE FEE for any registration received within a 2-week window prior to the start of the camp for which you are registering.

Cancelations and/or registration changes will incur a $40.00 administrative fee. Returned checks are subject to a $40.00 returned check fee.

Please include payment and all required forms with registration or processing will be delayed. Remember to sign the **WAIVER FORM** and include your **HEALTH INSURANCE CARD** copies and **IMMUNIZATION RECORD**.

IN CAMP - WEEKLY FEE $455.00 / Optional Saddle-Up Riding Program for Additional Fee (see below)

Please check all weeks/options in which your child wishes to participate. You will be notified of any availability issues. Payment for all weeks is due in full at time of registration.

❑	WEEK 1	June 24-29	Grades 3-5 & 6-9	❑ 3 DAY SADDLE-UP OPTION: $180.00
❑	WEEK 2	July 01-06	Grades 2-3 & 4-6	❑ 1 DAY SADDLE-UP OPTION: $ 55.00
❑	WEEK 3	July 08-13	Grades 4-6 & 7-9	❑ 3 DAY SADDLE-UP OPTION: $180.00
❑	WEEK 4	July 15-20	Grades 3-5 & 6-9	❑ 1 DAY SADDLE-UP OPTION: $ 55.00
❑	WEEK 5	July 22-27	Grades 6-8 & 9-12	❑ 3 DAY SADDLE-UP OPTION: $180.00

Amount church will be contributing (if applicable) $_____

IN CAMP FEES TOTAL ENCLOSED: $_____ Check must accompany registration.

BUNK PARTNER PREFERENCE (one name only): _____

WILDERNESS CAMP - FEE $455.00

Please check if your child wishes to attend. You will be notified of any availability issues. Payment is due in full at time of registration.

❑ WEEK 5 July 22-27 Grades 6-8 & 9-12

WILDERNESS CAMP FEE ENCLOSED: $_____ Check must accompany registration.

TENT PARTNER PREFERENCE (one name only): _____

DAY CAMPS and ADVENTURE CAMP

Day Camp and Kinder Camp Fees are $330.00 per week for the first child, and $305.00 per week for each sibling.
Adventure Camp fees are $360.00 per week, and includes a weekly off-site trip with lunch provided.
A sibling discount is available only if second child is attending Day Camp for the same week(s).

Please check off which camp your child will be attending:

❑ KINDER CAMP / Ages 4 -5 ❑ DAY CAMP / Grades K-6 ❑ ADVENTURE CAMP / Grades 7-8

Please check off below the camp week(s) your child wishes to attend.

❑ WEEK 1 June 25-29
❑ WEEK 2 July 02-06
❑ WEEK 3 July 09-13
❑ WEEK 4 July 16-20
❑ WEEK 5 July 23-27
❑ WEEK 6 July 30-August 03
❑ WEEK 7 August 06-10

FULL PAYMENT FOR THE FIRST 2 WEEKS YOUR CHILD/CHILDREN WISH TO ATTEND CAMP MUST ACCOMPANY THE REGISTRATION. For each additional week your child/children wish to attend camp, please remit a $40.00 non-refundable deposit. See schedule below for due dates for final payments. Please note, if final payments are not received by the dates indicated below, your child's spot may not be held.

PAYMENT SCHEDULE:
Camp Weeks 3 & 4 - Final payments due no later than June 15, 2018
Camp Weeks 5 & 6 - Final payments due no later than June 29, 2018
Camp Week 7 - Final payment due no later than July 20, 2018

PAID IN FULL DISCOUNTS: ***To receive an additional 5% discount, register for 3 or more weeks and submit full payment with registration by June 1, 2018.***
Day Camp / Kinder Camp PAID IN FULL fee is $314.00 per week.
Day Camp / Kinder Camp PAID IN FULL sibling fee is $290 per week.
Adventure Camp PAID IN FULL fee is $342.00 per week.

Total # of Weeks Registered: _____
First 2 Weeks Fee: $_____
Additional Weeks Deposit Fee @ $40 per week $_____
TOTAL AMOUNT ENCLOSED: $_____

Please check below the camper's T-shirt size.

❑ Yth S ❑ Yth M ❑ Yth L ❑ Yth XL / ❑ Adult S ❑ Adult M ❑ Adult L ❑ Adult XL

PAYMENT OPTIONS

____ Check Enclosed. **(Make check payable to WARWICK CONFERENCE CENTER, INC.)**

____ Credit Card* Please bill $ _____ to my VISA or MASTERCARD (circle one)

Credit Card # * _____ Exp. Date _____ CVC Code _____ (3 digit security code on back)

Cardholder Print Name _____ Cardholder Signature _____

Credit Card Billing Address (Required) _____
Street City State Zip

Credit card will be automatically charged on due dates above for any week that has a balance owed.

SCHOLARSHIPS ARE AWARDED FOR OVERNIGHT CAMPS ONLY
Scholarships are available through the generosity of the Synod of New York, Reformed Church in America; Reformed Church of Port Ewen Scholarship Fund; Jeremy P. Nulton Scholarship Fund; Rev. Herman De DeJong Scholarship Fund; Henriettta A. Wermann Scholarship Fund; and Joyce Weissert Memorial Scholarship Fund.