REGISTRATION

CAMP SPA 23

Camper ID:_____

Please fill out one registration per child:

Child's Name: _____

Date of Birth: _____ Grade Entering: _____ Sex: M F

Names of Sibling's In Program: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent's Name(s): _____/_____

Spa 23 Member #_____

Cell Phone: _____/_____

Work Phone: _____/_____

Home Phone: _____/_____

Parents' Emails: _____/_____

Camper Email: _____

Emergency Contact (other than parent): _____

Emergency Phone: _____

Alternate Emergency Contact: _____

Alternate Emergency Phone: _____

Copy of Insurance Card Required. Provider:_____

Please list any allergies, special circumstances or restrictions we should be aware of concerning your child:* _____

_____

_____

* We do not dispense medication to campers

By signing below I agree that my child has permission to engage in all camp activities, unless specifically noted on the Medical Form. In the event of an emergency I give consent to Spa 23 staff to act accordingly until I can be contacted. In the event that I cannot be contacted in an emergency, I hereby give permission to the Spa 23 Management to secure and administer treatment, including hospitalization for my child. Permission is granted for the Spa 23 staff to walk my child to and from Spa 23 and PV Park and to take my child on any trips as part of the camp program. I hereby give Spa 23 permission to photograph my child and use the photographs for marketing and promotion without any compensation. I understand that Spa 23 reserves the right to suspend or dismiss any camper if his or her conduct is detrimental to the well being of the camp or any other campers. There are no credits or refunds for suspensions, dismissals, or cancellations .

***By signing below I understand my child will not be admitted to CAMP Spa 23 until I have submitted the CAMP Spa 23 Health Form and copy of my Insurance Card.**

Print Parent/Guardian Name: _____

Signature: _____ Date: _____

Camper ID: _____ **Child's Name:** _____ **Grade:** _____

Choose the weeks your camper will attend:

_____ Week ONE: June 22-26
_____ Week TWO: June 29 – July 3
_____ Week THREE: July 6-10
_____ Week FOUR: July 13-17
_____ Week FIVE: July 20– 24
_____ Week SIX: July 27-July 31
_____ Week SEVEN: Aug 3-7
_____ Week EIGHT: August 10-14
_____ Week NINE: August 17-21
_____ Week TEN: August 24-28

There is a $15 charge for week changes.

Platinum Camper 15%+ Savings!

All-Inclusive CAMP Package

1-2 weeks:_____X $409/$445.* = $_____
3-7 weeks:____X $379/$415.* = $_____
8+ weeks:__ ___X $369/$405.* = $_____
Nonmember # Weeks:___X $29 = $_____

***4 year old all inclusive per week**
****deduct $20 /week for C.I.T. pricing**

PLATINUM TOTAL $_____

Discount based on the number of weeks at time of purchase.

1-2 weeks:_____X $189 = $_____
3-7 weeks:_____X $169 = $_____
8+ weeks:__ ____X $159 = $_____
4 Year Old:_____X $39 = $_____
Non-Member: _____X $29 = $_____

TOTAL A $_____

TOTAL A+B = $_____

Family Processing Fee:

___$29 Member ___$49 Non-Member $_____
Paid by sibling (name): _____
Camper #: _____

Will your child be needing:

Before Care: 1 2 3 4 5 6 7 8 9 10
After Care: 1 2 3 4 5 6 7 8 9 10

Before Care #of weeks _____X$29 = $_____

After Care #of weeks_____X$29 = $_____

Hot Breakfast: 1 2 3 4 5 6 7 8 9 10
Breakfast Package # of weeks _____ X $25 = $_____

Lunch Package: 1 2 3 4 5 6 7 8 9 10
# of weeks _____ X $39 = $_____

OR

Pizza Lunch : 1 2 3 4 5 6 7 8 9 10
Pizza Lunch # of Fridays _____ X $8 = $_____
T-Shirt Size: YXS YS YM YL AS AM AL AXL
Extra T-Shirt: _____ X $12 = $_____
Camp Hat: _____ X $15 = $_____
Camp Bag: _____ X $10 = $_____

Bonus Program: 2 3 4 5 6 7 8 9
(See Flyer) # of weeks ____ X $29 = $_____
Math Refresher: 2 3 4 5 6 7 8 9
# of weeks x _____$29 = $_____

Swim Lesson: 1 2 3 4 5 6 7 8 9 10
Swim Lessons # of weeks ____ X $69 = $_____

Field Trip: 1 2 3 5 7 9 10
Full Day Trip: 4 6 8
Field Trips # of weeks _____ X $25* = $_____
Water Park # of weeks _____X $55* = $_____
Note: *Adjust for Lunch, After Care, and Programs

Birthday Celebration: Date of celebration: _____ $_____
Turning what age? _____ $49= $_____

TOTAL B $_____

Additionally I authorize Spa 23 to charge my credit card on file in lieu of presenting it for any services received, at my request: Initial:_____

(There are no credits or refunds for suspensions, dismissals, or cancellations .)

Check #_____ Visa__ MC__ Amex__ Disc__ Card Number _____ Exp_____

Signature_____ Date_____

Spa 23 Staff Signature_____

381 Route 23 • Pompton Plains, NJ 07444 • P:(973) 839-8823 • F:(973)839-7563 • www.Spa23.com