



477 Ocean Avenue, East Rockaway, New York 11518
 (516) 593-CAMP (2267)
 Fax: (516) 593-5796
 www.RollingRiver.com
 E-mail: RollingRiv@aol.com

The CAPTAIN'S CLUB @Rolling River ENROLLMENT CONTRACT 2010

Child's Name (LAST) _____ (FIRST) _____ (MIDDLE) _____ () Male () Female
(check one)

Address _____ Town _____ Zip _____ Phone _____

Date of Birth () () ()
Month Day Year

School for 2009-2010 _____ School Grade as of Sept 2009 _____ Teacher/Class _____

District _____ School Dismissal Time _____ School Phone _____

Are you enrolled for Rolling River Day Camp for 2010? Y or N Date of enrollment _____

Mother's Name _____ Home # _____ Bus. # _____

Home Address _____ Cell # _____
(If different from camper, otherwise, please leave blank)

Father's Name _____ Home # _____ Bus. # _____

Home Address _____ Cell # _____
(If different from camper, otherwise, please leave blank)

Parents' Marital Status _____ Parent's E-mail _____ Child's E-mail _____

Program Options

2 day program	3 day program	4 day program	5 day program
\$250 per month	\$300 per month	\$350 per month	\$400 per month

Price includes transportation from school to Rolling River

My child will attend The Captain's Club After School Program on the following days:

M Tu W Th F

My child will require transportation from school to Rolling River:

Yes No

PAYMENT IN FULL IS DUE AT TIME OF ENROLLMENT.

THIS CONTRACT INCLUDES ADDITIONAL INFORMATION ON REVERSE SIDE AND CANNOT BE ALTERED OR CHANGED IN ANY WAY BY THE SIGNING FAMILY. I UNDERSTAND AND WILL ABIDE BY ALL OF THE RULES OF THIS CONTRACT.

Parent/Guardian Signature _____ Print Name _____ Date _____
(Parent/guardian signing contract has full authority to do so and will be responsible for payment of all fees).

EMERGENCY CONTACTS (other than parents, who are available for pickup)

Name	Relationship to Child	Telephone Number
1. _____	_____	_____
2. _____	_____	_____

Physician _____ Address _____ Town _____ Zip _____
 Physician's Telephone # _____ Physician's Fax # _____
 Allergy (specify) _____ Dietary Restrictions (if any) _____

OTHER IMPORTANT INFORMATION—PLEASE READ CAREFULLY

1. The signator authorizes Rolling River Day School & Camp Inc. (heretofore known as "RRDC") to administer prescribed medications, to obtain through a physician, licensed nurse or other emergency personnel of its choice, such medical care and/or first aid as is necessary for welfare of the child if any injury or illness occurs at Rolling River.
 2. RRDC reserves the right to dismiss any child whose conduct or behavior, in the opinion of RRDC, is harmful to the best interests of RRDC with no refund of tuition upon dismissal from the program.
 3. The signator understands that RRDC will determine the appropriate vehicle to be used to transport your child to Rolling River in accordance with N.Y. State Department of Transportation.
 4. The signator permits RRDC to publish individual or group pictures and written or verbal testimonials for publicity, display, program brochure, website, internet, advertising or camp video/DVD promotions.
 5. The signator and child agree to adhere to all of the policies, rules and regulations and information in all handouts, addendums and contracts of RRDC. No digital cameras may be used on camp grounds.
 6. All medications must go to RRDC administrator. Possession of or the unlawful use of non-medically prescribed drugs or alcoholic beverages or the possession of weapons shall be reason for immediate dismissal of child with no refund of tuition. Directors will also contact the appropriate law enforcement agencies.
 7. No refunds for any reason (i.e. absences, withdrawals, changes, terminations) will be made. Entire tuition must be paid at time of enrollment.
 8. Rolling River Day Camp is licensed by the NYS Department of Health and is inspected twice yearly. Copies of the inspections are kept on file at the Nassau County Department of Health, 106 Charles Lindbergh Blvd., Uniondale, NY 11553
- ROLLING RIVER IS A MEMBER OF AND ACCREDITED BY THE AMERICAN CAMP ASSOCIATION.**

For Office Use Only (Please do not write in this box)

September	Tuition _____ # days _____	Paid on _____	Cash or Check	Check # _____	Days _____
October	Tuition _____ # days _____	Paid on _____	Cash or Check	Check # _____	Days _____
November	Tuition _____ # days _____	Paid on _____	Cash or Check	Check # _____	Days _____
December	Tuition _____ # days _____	Paid on _____	Cash or Check	Check # _____	Days _____
January	Tuition _____ # days _____	Paid on _____	Cash or Check	Check # _____	Days _____
February	Tuition _____ # days _____	Paid on _____	Cash or Check	Check # _____	Days _____
March	Tuition _____ # days _____	Paid on _____	Cash or Check	Check # _____	Days _____
April	Tuition _____ # days _____	Paid on _____	Cash or Check	Check # _____	Days _____
May	Tuition _____ # days _____	Paid on _____	Cash or Check	Check # _____	Days _____
June	Tuition _____ # days _____	Paid on _____	Cash or Check	Check # _____	Days _____

Administrative Approval _____ Date _____

Notes: