

565 Chase Parkway, Waterbury, CT 06708  
(203) 236-9532 Phone  
[summercamp@chasemail.org](mailto:summercamp@chasemail.org) Email  
[www.chasecollegiate.org](http://www.chasecollegiate.org) Web



## Day Camp Application – Summer 2016

***Applications will be processed when the Terms & Conditions, Payment Plan, & Deposit are received***

1) Camper's Full Name: \_\_\_\_\_ ☐ Boy ☐ Girl

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Entering Grade Fall 2016: \_\_\_\_ School: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: ( ) \_\_\_\_ - \_\_\_\_ Camper's Email (if applicable): \_\_\_\_\_

T-Shirt Size: Child ☐ Sm ☐ Md ☐ Lg Adult ☐ Sm ☐ Md ☐ Lg

Medical Diagnosed Allergies & Reaction: \_\_\_\_\_

2) Camper's Full Name: \_\_\_\_\_ ☐ Boy ☐ Girl

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Entering Grade Fall 2016: \_\_\_\_ School: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: ( ) \_\_\_\_ - \_\_\_\_ Camper's Email(if applicable): \_\_\_\_\_

T-Shirt Size: Child ☐ Sm ☐ Md ☐ Lg Adult ☐ Sm ☐ Md ☐ Lg

Medical Diagnosed Allergies & Reaction: \_\_\_\_\_

Child(ren) lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work: ( ) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_ Cell: ( ) \_\_\_\_ - \_\_\_\_

Address (if different from Camper): \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work: ( ) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_ Cell: ( ) \_\_\_\_ - \_\_\_\_

Address (if different from Camper): \_\_\_\_\_

### **Return Application to:**

Mail: **@camp565**, 565 Chase Parkway, Waterbury, CT 06708 Email: [SummerCamp@chasemail.org](mailto:SummerCamp@chasemail.org)

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Emergency Contact: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

How did you learn about @Camp565? \_\_\_\_\_

## Session Dates & Rates – Rising K thru Rising 6<sup>th</sup> Grade

Camper 1	Camper 2	Session	Start Date	End Date	Cost*
<input type="checkbox"/>	<input type="checkbox"/>	Week 1	June 27	July 1	\$350
<input type="checkbox"/>	<input type="checkbox"/>	Week 2	July 5	July 8	\$300
<input type="checkbox"/>	<input type="checkbox"/>	Week 3	July 11	July 15	\$350
<input type="checkbox"/>	<input type="checkbox"/>	Week 4	July 18	July 22	\$350
<input type="checkbox"/>	<input type="checkbox"/>	Week 5	July 25	July 29	\$350
<input type="checkbox"/>	<input type="checkbox"/>	Week 6	August 1	August 5	\$350
<input type="checkbox"/>	<input type="checkbox"/>	Week 7	August 8	August 12	\$350
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Before Care After Care	8:00 AM - 9:00 AM 4:00 PM - 5:30 PM		\$20/Week \$30/Week

***\*Tuition includes Field Trip Costs, Special Snacks, and T-Shirt. Financial Aid is not currently available.***

***\*A sibling discount is available. Additional children from the same family receive \$50 off per week. This discount does not apply to children of Chase Collegiate employees.***

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## Payment Plan Information

***Checks must be written to “Chase Collegiate School” and tuition is due in full one week prior to start date***

Please choose the following:

- ☐ I have enclosed a check for the non-refundable deposit of \$50/week per child only
  - ☐ I have enclosed a check for the full amount of tuition
  - ☐ Please charge my credit card in the amount of \$\_\_\_\_\_
- Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Name on Credit Card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Billing Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### **@camp565 Scholarship Fund**

Please indicate if you would like to make an optional tax-deductible contribution. You will receive written acknowledgement of your donation. All donations will assist in establishing camperships to families in need for future summers. Thank you!

Donation \$ \_\_\_\_\_

## Terms & Conditions

- ☐ I agree to give a non-refundable deposit of \$50/week in order to register my child(ren).
- ☐ @camp565 has the right to deny admission to a camper for any reason. If your child is denied admission, you will not be charged a deposit.
- ☐ I give permission for my child to participate in all Day Camp activities.
- ☐ I understand that there will be no fee reduction or reimbursement for absences or for children sent home due to disciplinary or adjustment issues.
- ☐ I understand @camp565 does not provide transportation.
- ☐ I understand that @camp565 is not responsible for any loss or damage of personal property and items sent to camp are at my own risk.
- ☐ I give permission for my child's picture to be used for @camp565 publicity, web advertising, social networking sites and/or publication.
- ☐ I understand that @camp565 is required to follow the State of CT Health Department guidelines. If my child's medical records are not completely updated per the Nurse's approval, my camper will not be allowed to enter camp until they are complete.
- ☐ I hereby release and hold harmless @camp565, Chase Collegiate School, its director, and employees from any claims, loss, and liability relating to injury, illness, or death to my child(ren) which may arise from participating in the Day Camp program.
- ☐ In case of emergency, @camp565 is hereby granted permission to secure any medical, surgical, and/or hospital service for my child. I agree to pay any extra expenses for medical services not covered by my health insurance.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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