

# 2016 WINTER RATES - TEEN PROGRAMS



Rates in Effect Until February 1, 2016

Grade as of September 2016

2016 Dates - Jun 27th - Aug. 19th

No Camp Monday, July 4th

8 weeks

7 weeks

6 weeks

5 weeks

4 weeks

**GRAD PROGRAM** - 6th, 7th & 8th Grade. 3 days in camp. 2 days of trips. 6 - 8 weeks includes overnight.

PLEASE CIRCLE YOUR PROGRAM CHOICE

Parent Transportation or Central Pick Up

\$4,995

\$4,795

\$4,595

\$4,295

\$3,995

Door-to-Door Bus Transportation

\$5,495

\$5,295

\$5,095

\$4,695

\$4,195

**CAP PROGRAM** - 7th, 8th & 9th Grade. 2 days in camp. 3 days of trips. 8 weeks includes 2 overnights. 6-7 week includes 1 overnight trip.

PLEASE CIRCLE YOUR PROGRAM CHOICE

Parent Transportation or Central Pick Up

\$5,495

\$5,295

\$5,095

\$4,795

\$4,495

Door-to-Door Bus Transportation

\$5,995

\$5,795

\$5,595

\$5,195

\$4,695

**MASTER'S PROGRAM** - 9th and 10th Grade. 3 days in camp. 2 days of trips. 1 day counselor training/activity specialist training.

PLEASE CIRCLE YOUR PROGRAM CHOICE

8 weeks

Any 6 weeks

Any 4 weeks

Any 3 weeks

Any 2 consecutive

Parent Transportation or Central Pick Up

\$3,545

\$3,145

\$2,745

\$2,245

\$1,945

Door-to-Door Bus Transportation

\$4,045

\$3,645

\$3,045

\$2,445

\$2,045

**LIT PROGRAM (Leaders In Training)** - 10th Graders. Counselor training and camp activities with LITs.

PLEASE CIRCLE YOUR PROGRAM CHOICE

8 weeks

7 weeks

6 weeks

5 weeks

4 weeks

Parent Transportation or Central Pick Up

\$1,945

\$1,845

\$1,745

\$1,645

\$1,545

Door-to-Door Bus Transportation

\$2,345

\$2,245

\$2,145

\$2,045

\$1,945

## ADDITIONAL DISCOUNTS

Please check those that apply. Dollar discounts to be deducted before percentage discounts.

☐ **SIBLING DISCOUNT** - 8% off 2nd child; 15% off 3rd child or more.  
(discount will be deducted from lowest tuition)

☐ **ENROLLED IN IL PRE-SCHOOL 2015-16** - 15% discount  
(full year attending 2 or more days) (not to be combined with sibling discount)

☐ **PAY IN FULL \$200 off 6-8 weeks; \$100 off 4-5 weeks**

## BEFORE and AFTER CARE (No Extra Charge)

☐ I want my child in the **before care** from 7:15 - 9:00AM

Circle Weeks 1 2 3 4 5 6 7 8

☐ I want my child in the **after care** from 4:00 - 6:00PM

Circle Weeks 1 2 3 4 5 6 7 8

PLEASE CHECK ONE PAYMENT OPTION BELOW:  
(make checks payable to Ivy League Day Camp)

☐ **PAY IN FULL.** Check enclosed.

Amount \$ \_\_\_\_\_

☐ **PAY IN FULL.** Charge my Visa, M/C, Discover or AMEX.

Account # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Sec. Code: \_\_\_\_\_ Amount \$: \_\_\_\_\_

## Please complete below for auto pay.

☐ **Deposit of \$1,500 and Balance on April 1st**  
Charge my Visa, M/C, Discover or AMEX.

Account # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_ Amount \$: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**IVY LEAGUE DAY CAMP** 140 Gordon's Corner Road, Manalapan, NJ 07726  
Phone: 732-446-7035 Fax: 732-446-5623 E-Mail: info@ivyleaguecamp.com

Camper Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Camper Birthdate \_\_\_\_\_ Sept 2016 Grade \_\_\_\_\_  
Parent Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
Parent Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ @ \_\_\_\_\_

Please circle weeks attending  
(No Camp on Mon., July 4th):

1 June 27	2 July 4	3 July 11	4 July 18	5 July 25	6 August 1	7 August 8	8 August 15
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Program Selected: \_\_\_\_\_

Shirt Size

Youth:	XS (2-4)	S (6-8)	M (10-12)	L (14-16)	
Adult:	S	M	L	XL	2X

Please circle

Number of years at Ivy League including 2016 season \_\_\_\_\_ 2015 Camp Group \_\_\_\_\_

I would like my child placed with: \_\_\_\_\_

(This must be with mutual consent by both parties, same school grade and enrolled in same program)

(Please no more than 2 camper requests. Please no negative requests.)

**\*CENTRAL PICK UP OPTION** - Locations based on enrollment (i.e. WOW Marlboro, RainTree Freehold, Old Bridge Shops, CVS Woodward Manalapan, Acme Rt 9 Freehold, Best Buy Manalapan, A&P Marlboro Rt 79 & 520, Strathmore Matawan, Monroe location). See reverse side for pricing.

CHECK HERE IF INTERESTED

☐

Choose one location: \_\_\_\_\_

Bus pick up location if NOT same as home:

Address: \_\_\_\_\_

Town: \_\_\_\_\_

Bus drop off location if NOT same as home:

Address: \_\_\_\_\_

Town: \_\_\_\_\_

**Terms & Conditions** -Cancellation Fees: \$100 each camper. No refunds after April 1, 2016. After April 1, 2016 any reduction in weeks or program changes will result in a credit towards the following summer. Once camp begins if any reduction of weeks or program changes are made there will be no refunds or credits. No refunds or substitute days due to absence, late arrival, early departure or dismissal for cause or camp closing. If the camper is absent for medical reasons for more than 7 consecutive camp days, a refund will be made for days missed after the seven day deductible period. A physician's note must be provided. Camp is not responsible for clothing or personal belongings lost on premises or on trips. Parents hereby grant permission for the Ivy League Day Camp to photograph & video his/her child and use these pictures for website, brochure and display purposes. I also give permission for Ivy League to release my address and phone number to other children in the group for socializing. Tuition includes daily lunch, transportation, shirt, bag and Yearbook DVD.

The Camp reserves the right to evaluate any child with physical, mental or emotional disabilities prior to Camp. For the general welfare of campers, the Camp reserves the right to dismiss any camper whose conduct or influence is inimical to the Camps best interest. I hereby give permission to Ivy League Day Camp to take my child, (2<sup>nd</sup> grade & older) on trips outside of Camp. The Directors will exercise every reasonable precaution consistent with safety, health and care. Furthermore, in the event that I, or my family physician, cannot be contacted in an emergency, I hereby grant permission to Centra-State Hospital in Freehold, or the nearest medical facility when on a trip, to provide a physician and to give emergency treatment to my child.

I agree that any dispute concerning, relating, or referring to this contract, any representation concerning my child's camping experience, or the camping experience itself shall be resolved exclusively by binding arbitration in NJ, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of NJ.

If you choose less than 8 weeks, and add weeks after the camp starts, you will be billed a flat weekly fee at a slightly higher rate. (No discounts will apply) Any program changes made after registration will be prevailing rate.

Signature of parent or guardian: \_\_\_\_\_ DATE \_\_\_\_\_