



P.O. BOX 426
 STANHOPE, NJ 07874
 (973) 347-1230
 www.jefflakecamp.com
 info@jefflakecamp.com

2010 Enrollment Application

Priority Enrollment
 Expires August 22nd, 2009

Name of Camper: _____

Male Female School grade 9/10: _____

Address (street): _____

Address (city, state, zip): _____

Age (as of 7/1/10): Yrs: Mths: Birthdate: / /

Parents' Name: Home Phone: _____

Bus. Phone Mom: Bus. Phone Dad: _____

Mom's Cell: Dad's Cell: _____

Family Email: _____

	FULL SEASON 6/28-8/20*	1ST HALF 6/28-7/23*	2ND HALF 7/26-8/20*
Classic Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short Day Program (Pre-K)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus of the Arts (Girls 4th - 8th Grade)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports Only Schedule (Boys 4th - 8th Grade)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your child swim? YES NO

Does child have fear of water? YES NO

Has child ever attended Jeff Lake? YES NO

If child attended JLC in '09, please indicate camp group # _____ (Important for group placement)

If child attended another camp in '09, indicate name: _____

This will be my child's _____ year at Jeff Lake Camp

Is child part of any special education class? YES NO

Any allergies or allergic foods (please itemize): _____

If yes, does child require Epi-Pen? YES NO

Did child take any medication regularly this past year? YES NO

If so, what kind: _____

Does your child ride a two wheel bicycle? YES NO

I was recommended to JLC by:
 (Name & address) _____

Friends who may be interested in JLC:
 (Name, address, phone) _____

Siblings not attending JLC:
 (Name & age) _____

CAMP FEES: _____

DEPOSIT ENCLOSED \$ _____
 (\$895/camper)

Entering PK - 3rd Grade as of Sept. 2010

Full Season: \$5,220
 First Half: \$3,845
 Second Half: \$3,845

Entering 4th - 8th Grade as of Sept. 2010

Full Season: \$5,420
 First Half: \$3,945
 Second Half: \$3,945

Includes beverage at lunch, snacks at end of day, weekly field trips, towels and all camp materials. Does not include weekend trips or overnights. Permission is granted to Jefferson Lakes Day Camp to use my child's photo in any camp publication and/or web page and to go on camp trips. Parents represent to the Camp that the camper is in sound physical and mental health and fully able to participate in all Camp activities without need of specialized attention or medical regimen and camper's health and behavior will not impact negatively on other campers or the Camp program. The Camp shall have the exclusive right and discretion to make all decisions of the camper's fitness to participate in programs, including the right to dismiss the camper.

*Dates subject to slight modification in event of early or late school closings.

NO CAMP ON MONDAY, JULY 5th

Parents' Signature _____

Date _____