Camp Angelfish

Co-Directors
Cindy Freedman OTR, CTRS
Ailene Tisser, MA PT

Angelfish Therapy, LLC
P.O. Box 183
Bostford, CT 06404

Visit us on the web at:
www.angelfishtherapy.com

Camp Angelfish Host Location:
CAMP WINAUKEE
432 Winaukee Road- Moultonboro, NH 03254
(603) 253-9272 tel (603) 253-8337 fax
www.winaukee.com

2010 ENROLLMENT APPLICATION

Sunday August 15th, 2010 - Friday August 20th, 2010

CAMPER INFO

Name _____
Last First Middle

Address _____ City _____ State _____ Zip _____

Date of Birth (MONTH/DATE/YEAR) _____ Grade Finished (as of 7/1/10) _____ Camper Email _____

Father's Name (PRINT) _____ Father's Signature _____

Address_____ City _____ State _____ Zip _____

Home Phone ( ) _____ Bus. Phone ( ) _____ Email _____

Mother's Name (PRINT)_____ Mother's Signature_____

Address_____ City _____ State _____ Zip _____

Home Phone ( ) _____ Bus. Phone ( ) _____ Email _____

SIBLING INFO (*ONLY* if attending)

Name _____ Date of Birth _____ Age _____ □Boy □Girl

Name _____ Date of Birth _____ Age _____ □Boy □ Girl

2010 FEE SCHEDULE

TUITION INCLUDES 6 DAY PROGRAMMING, MEALS AND BOARD

"The Angelfish" (Spec.Needs child & companion): $1600.00
"The Star Fish": (In Between Kids) $ 900.00
"The Dolphin's" (Siblings): $ 750.00

TUITION:

IS DUE IN FULL BY *JULY 1ST, 2010.*

ALL FORMS:

ENROLLMENT, CAMPER DATA, AND MEDICAL FORMS MUST BE IN NO LATER THAN *JUNE 1ST, 2010* TO ENSURE YOUR CHILD'S SPOT!

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Please Read and Sign "Terms and Conditions" (on back)

Terms and Conditions

1. **RULES AND REGULATIONS**: The camper ("Camper") and parent(s) ("Parent") agree to abide by all of the rules and regulations established by Camp Winaukee ("Camp") including, without limitation, those relating to enrollment and withdrawal of campers and visitation.

2. **DISMISSAL OF CAMPER**: The Camp reserves the right to dismiss, in its sole discretion, any Camper whose condition, conduct, influence or behavior is deemed unsatisfactory or detrimental to the best interests of the Camp or his fellow campers or who violates camp rules and regulations, in which case no refunds will be made.

3. **MEDICAL CARE**: Medical care provided by the Camp Nurse is included in the tuition. Parent grants Camp permission to utilize medical treatment (including dental and orthodonture) outside of Camp should the Camp Director(s) ("Director") deem such treatment necessary for Camper's well being. Should it be necessary for the well being of the Camper to use outside medical care, all expenses involved will be paid by Parent. In addition, any dental, orthodontic, or optical work will be paid by Parent.

4. **PERMISSION TO PARTICIPATE**: Parent grants Camper permission to participate in all Camp activities, excursions, and special outings and understands that accidents and injuries may occur in the natural course of participation in such activities.

5. **IMAGES, ETC**: Permission is hereby given for Camp to use in promoting the Camp and in other ventures directly relating to the Camp (i) digital, photographic, video, and audio images or likenesses of camper; and (ii) statements, articles, names, music, art, photographs, audio recordings, films and videos created by Camper or originating from Camp or from a Camp-related activity.

6. **BELONGINGS**: Camp is not responsible for Camper's belongings or equipment while in transit or at Camp.

I have read and accept all of the terms and conditions set forth on both sides of this Enrollment Application.

*Parent (or Guardian)*_____*Date* _____

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