****

***CAMP WILL BE CLOSED ON TUESDAY, JULY 4TH***

**2023 REGISTRATION FORM**

**Phone: 631-261-4400 x7452** [**Email:camp@weeluvem.com**](mailto:Email-camp@weeluvem.com) **Fax: 631-262-0125**

**SCIT Registration Form**

Must be entering 11th grade

**INFORMATION**

# **Last Name First Name Male/ Female**

**Birth Date**  **Grade (for 2022-2023 school year) School**

**Address Town State Zip**

**Have you attended Camp Wee Luv’em?** **Is your parent a VA Employee or Military Veteran?**

\_\_\_\_\_\_\_\_

**Any additional information we should be aware of?**

## SUMMER 2022 DATES:

## *SCIT’s MUST ATTEND FOR A MINIMUM OF FIVE DAYS PER WEEK FOR THREE WEEKS*

**SELECT YOUR WEEKS:**

**WEEK 1: JUNE 26 – JUNE 30 WEEK 5: JULY 24 – JULY 28**

**WEEK 2: JULY 3 – JULY 7 WEEK 6: JULY 31 – AUGUST 4**

**WEEK 3: JULY 10 – JULY 14 WEEK 7: AUGUST 7– AUGUST 11**

**WEEK 4: JULY 17 – JULY 21 WEEK 8: AUGUST 14 – AUGUST 18**

**ADDITIONAL INFORMATION**

**Camp Hours: 7:00AM - 5:30PM**

|  |
| --- |
| **$150 REGISTRAION FEE** |
| SCIT’s must be entering 11th grade |
| Camp Dates: June 26, 2022 - August 18, 2022 |
| All families must have a credit card # on file. Registration forms will not be accepted without one. The credit card will be charged for any outstanding fees |
| **SCIT’s are responsible for all trip payments, transportation and special events** |
| There are no refunds |
| Camp will be closed on Tuesday, July 4th |

**PAYMENT INFORMATION**

**Acceptable methods of payment:** Check, ACH Payment, Credit Card and Cash

VISA - MASTERCARD - AMEX – DISCOVER: **3.5% service charge added for Credit Card Charges**

ACH and Credit Card form must be filled out and submitted: [**ACH and Credit Payment Transaction Form**](http://weeluvem.com/s/BLANK-Tuition-Express-Parent-Authorization.pdf)

Please initial that you have read the ADDITIONAL INFORMATION and PAYMENT INFORMATION section:\_\_\_\_\_\_\_\_\_\_\_\_

Please make checks payable to**: CAMP WEE LUV’EM**

**FAMILY INFORMATION #1:** Information about where the camper and custodial parent(s)guardians(s) live.

**Parent/Guardian 1** *(Primary Contact)* **Relationship Personal/Home Email Address**

**Work Email** (Optional) *If using a VA email, please be aware that emails are sometimes delayed due to* *security*   **Occupation**

**Marital Status: Married Divorced Separated Single Widowed**

**Home Address City State Zip**

**Cell Phone Work/Home Phone Other Phone Number**

**Parent/Guardian 2** *(Secondary Contact)*  **Relationship Personal/Home Email Address**

**Work Email** (Optional) *If using a VA email, please be aware that emails are sometimes delayed due to* *security*  **Occupation**

**Marital Status: Married Divorced Separated Single Widowed**

**Home Address** (if different from Guardian1) **City State Zip**

**Home Phone Summer Work Phone Cell Phone Number**

**Emergency Contact Home Phone Work Phone Cell Phone Number**

**FAMILY INFORMATION #2:** Additionalinformation for parent(s)/guardian(s) who reside at another address

**Parent/Guardian 1** *(Primary Contact)* **Relationship Personal/Home Email Address**

**Work Email** (Optional) *If using a VA email, please be aware that emails are sometimes delayed due to* *security*   **Occupation**

**Marital Status: Married Divorced Separated Single Widowed**

**Home Address City State Zip**

**Cell Phone Work/Home Phone Other Phone Number**

**Parent/Guardian 2** *(Secondary Contact)*  **Relationship Personal/Home Email Address**

**Work Email** (Optional) *If using a VA email, please be aware that emails are sometimes delayed due to* *security*  **Occupation**

**Marital Status: Married Divorced Separated Single Widowed**

**Home Address** (if different from Guardian1) **City State Zip**

**Home Phone Summer Work Phone Cell Phone Number**

**Emergency Contact Home Phone Work Phone Cell Phone Number**

****

**TERMS AND CONDITIONS**

**By enrolling my child and signing the bottom of this document, I agree to and understand all that follows**:

Camp Wee Luv’em is licensed by the New York State Department of Health, and is inspected yearly. Copies of the inspection are kept on file in the County Health Department Office.

Parents are responsible for providing an AM snack, lunch and a PM snack for their child(ren).

This contract is not valid unless signed by enrolled camper’s parent or guardian (the “signor”) and accepted by the Camp Director. The signor agrees to pay the tuition as per the published schedule for the enrollment period. In the event this contract is executed by one parent, the signor acknowledges that he/she is also acting as an agent of the other parent with authority to enroll the child at camp and to execute this contract on his or her behalf.

**By enrolling my child, I hereby grant permission**:

1. To photograph and video my child during Camp Activities and to allow Camp Wee Luv’em to utilize such photography and or video for promotional purposes. This includes, but is not limited to our Website, our Social Media Page, and advertising.

2. To participate in any camp sponsored trips during their enrollment period.

3. To participate in all programs that are arranged by the camp and supervised by Camp Wee Luv’em Staff.

I am enrolling my child with the understanding that there is inherent and potential risk of injury while participating in camp activities.

***Waiver and Release of Liability***:

In consideration of my child being allowed to participate in any way in Camp Wee Luv’em’s athletic/ sports events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. There is a possible risk of injury from activities involved in this program and while particular rules and personal discipline may reduce the risk, the risk of injury does exist.
2. I knowingly and fully assume any and all such risks which are inherent in the activities in which I or my child are engaged, both known and unknown, for myself and my child, even if arising out of the negligence of the releasees and am participating or allowing my child to participate in all activities voluntarily and am willfully undertaking and assuming all such risks.
3. I willingly agree to have my child comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove my child from participation and bring such to the attention of the nearest camp official immediately.
4. I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the Northport Employees Day Care (Camp Wee Luv’Em), their officers, officials, agents and / or employees, and other participants, (“releasees”), with respect to any and all injury, disability, death or loss or damage to person or property whether arising from the negligence of the releasees or otherwise.

I/we have read this release of liability and fully understand its terms. I/we further understand that there are certain risks inherent in the activities engaged in at camp and I/we assume said risks. I/we have given up substantial rights by signing this release and sign it voluntarily and free from coercion. Should any portion of this agreement be determined unlawful, all other portions shall remain in full force and effect.

**There are no refunds after you have registered for camp. Extenuating circumstances will be reviewed on a case-by-case basis and must be submitted in writing.**

**For the general welfare of all campers, the Camp reserves the unrestricted right to dismiss any camper whose conduct or influence, in the opinion of the camp Directors, is contrary to the best interest and safety of the campers and the camp. (See and sign “Behavior Affidavit” in CampDocs)**

**POSITIVE COVID-19 CASES AND QUARENTINE ORDERS RESULTING FROM AN EXPOSURE TO A POSITIVE COVID-19 CASE ARE NOT ELIGIBLE FOR A CREDIT OR REFUND.**

**Camp Wee Luv’em is not responsible for any “Lost” or “Stolen” personal property that campers may bring to camp.**

**Permission to provide Emergency Care:**

**In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer all necessary treatment, including hospitalization and emergency diagnostic treatment for my child enrolled at Camp Wee Luv’em. I also give permission to release any records necessary for insurance purposes; and to provide or arrange necessary emergency related transportation for me/ or my child. This completed form may be photocopied for a trip out of camp.**

This contract constitutes the full understanding of the parties hereto and no change, modification or waiver of any of the terms shall be effective unless in writing and **signed by both parties**.

Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Visit us on the web at** [**weeluvem.com**](http://weeluvem.com/cit-program) **for updated information or e-mail us at** [**camp@weeluvem.com**](mailto:camp@weeluvem.com)