



2010 Registration Form
Rates effective 11/1/09

Please complete enrollment application and sign reverse side. Completed applications should be mailed to:
 Camp Jacobson at Robin Hood
 340 Wheatley Road, Old Westbury, New York 11568
 516-626-1094 – www.campjatrh.com

Child's Last Name _____ First Name _____ Gender _____ School _____

Grade (as of 9/2010) _____ Date of Birth _____ Home Telephone _____

Address _____ City _____ Zip Code _____

Parent/Guardian Name #1 _____ Work Phone _____ Cell Phone _____

Parent/Guardian Name #2 _____ Work Phone _____ Cell Phone _____

Email Address #1 _____ Email Address #2 _____

Allergies _____

Medications that your child is currently taking _____

Please list up to three children that your child would like to be grouped with (all requests must be mutual and final placement is made at director's discretion).

Camper Referral Family _____

Emergency Name _____ Emergency Phone _____

of Years Attending Camp Jacobson at Robin Hood / Robin Hood Country Day School _____ T-shirt Size _____

How did you hear about our camp? _____
 Please list the number of weeks registering for _____

2010 Fee Schedule (Includes all activities, trips, lunch, transportation and towel service)
 Camp Dates: June 29–August 20 (camp will be open Monday, July 5)
 Please circle the program below that you are registering your child for

Program	4 Weeks at the JCC and 4 Weeks at Camp Jacobson at Robin Hood Until 2:00pm Age: 3	Mini Day Until 2:00pm Ages: 3–4	Full Day Grades: Nursery–5	Full Day Grades: 6–8	Community Service Experience Grades: 9–12	CIT Program Grades: 9–11
8 weeks	\$5,630 / members \$5,065	\$5,630 / members \$5,065	\$5,995 / members \$5,455	\$6,345 / members \$5,775	\$5,995 / members \$5,455	\$2,750 / members \$2,500
7 weeks	N/A	\$5,350 / members \$4,815	\$5,695 / members \$5,180	\$6,025 / members \$5,485	\$5,695 / members \$5,180	N/A
6 weeks	N/A	\$5,070 / members \$4,565	\$5,450 / members \$4,960	\$5,695 / members \$5,185	\$5,450 / members \$4,960	N/A
5 weeks	N/A	\$4,335 / members \$3,900	\$4,615 / members \$4,200	\$4,885 / members \$4,445	\$4,615 / members \$4,200	N/A
4 weeks	N/A	\$3,655 / members \$3,290	\$3,895 / members \$3,545	\$4,210 / members \$3,830	\$3,895 / members \$3,545	N/A
3 weeks	N/A	\$2,760 / members \$2,485	\$2,940 / members \$2,675	\$3,045 / members \$2,770	\$2,940 / members \$2,675	N/A
2 weeks	N/A	\$1,860 / members \$1,675	\$2,050 / members \$1,865	\$2,225 / members \$2,025	\$2,050 / members \$1,865	N/A

For less than 8 weeks, please circle weeks: Week 1 – Week 2 – Week 3 – Week 4 – Week 5 – Week 6 – Week 7 – Week 8
Please see reverse side of registration form for payment information and for signatures.

Sibling Discount
Two Campers = 5% off total fee • Three or More Campers = 10% off total fee

Payment Information

Tuitions fully refundable until 3/31/2010

Please circle: Cash – Check (Payable to Camp Jacobson at Robin Hood) Credit Card (Visa, Mastercard or Discover only)	Cardholder Name:
Card Number:	Expiration Date:
Payment Amount:	Signature:

Contract

The tuition fee includes transportation, lunch, snack, towel service, all programs, trips and materials. A deposit of \$1,000 is required for each child, which is refundable up to 3/31/2010. The balance of the tuition is due on or before May 1, 2010. There will be no refunds for days missed for sickness, vacation, etc.

Camp Jacobson at Robin Hood is required to be permitted to operate by the Nassau County Department of Health. Our camp is required to be inspected twice a year. Records of inspection are available upon request at the Nassau County Department of Health at 106 Charles Lindbergh Blvd. – Uniondale, NY. Inquiries can be made Monday–Friday, 9:00am to 4:45pm at 516-227-9717.

In the event that a day is canceled as a result of hazardous conditions or other cause beyond the control of the camp, there shall not be any tuition refund or make up day.

Terms and Conditions:

- I grant permission for photographs and video to be taken on the premises of Camp Jacobson at Robin Hood and off-site trips. Additionally, I authorize the JCC to utilize the photographs and video to be used in brochures, print and electronic media.
- I give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests, treatment and necessary transportation for me/or my child. 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 treatment, including hospitalization, for my child as named on the front side of the registration form. The completed forms may be photographed for trips out of camp.
- I give permission for Camp Jacobson at Robin Hood to take my child on off-site trips, including ones involving swimming. I understand that I will be notified by the camp when and where the trips will take place.
- I understand that part of the camping experience involves activities and interactions that may be new to my child, and that they hold certain risks. I am aware of these risks and I am assuming them on behalf of my child. I have instructed my child on the importance of abiding by the camp’s rules and as well as following directions given to him/her to ensure their safety and well-being.
- I understand that Camp Jacobson at Robin Hood will make every effort to accommodate transportation and grouping requests, however, placement may not be guaranteed.

Parent/Guardian Signature _____

Date _____



TRANSPORTATION

Child’s Last Name _____ First Name _____ Home Telephone _____

Address _____ City _____ Zip Code _____

Does your child require a booster seat for transportation to and from camp? Yes – No

Please circle the weeks that your child will be attending camp: FULL SUMMER OR
Week 1 – Week 2 – Week 3 – Week 4 – Week 5 – Week 6 – Week 7 – Week 8

Please write down two closest cross streets: _____

Please list any alternative transportation needs (ex. different pick-up and/or drop-off locations): _____