

TWIN OAKS DAY CAMP 2010 GEMINI Enrollment Contract

I wish to Register my child for Summer 2010

Last Name _____ First Name _____

Birth Date _____ Gender _____ Age as of 12/1/10 _____ School Grade as of Sept. 2010 _____

Home Address/Town/ZIP _____

Home Phone _____ Nearest Cross Streets _____

Mother's Name _____ Home Address (if different) _____

Mother's Cell Phone _____ Mother's Work Phone _____

Father's Name _____ Home Address (if different) _____

Father's Cell Phone _____ Father's Work Phone _____

E-Mail Address _____

School Attending in September 2010 _____

Choose from the following Programs: (If you require a session other than listed below, please call)

GEMINI PRE-TEEN TRAVEL & VISTA EXTENSIVE TRAVEL PROGRAMS

FIFTH GRADE <input type="checkbox"/> 8 Weeks <input type="checkbox"/> 1 st 6 Wks <input type="checkbox"/> 2 nd 6 Wks <input type="checkbox"/> 1 st 4 Wks <input type="checkbox"/> 2 nd 4 Wks <input type="checkbox"/> GEMINI TRAVEL (5 Days OFF CAMPUS Trips)
SIXTH GRADE <input type="checkbox"/> 8 Weeks <input type="checkbox"/> 1 st 6 Wks <input type="checkbox"/> 2 nd 6 Wks <input type="checkbox"/> 1 st 4 Wks <input type="checkbox"/> 2 nd 4 Wks <input type="checkbox"/> GEMINI TRAVEL (5 Days OFF CAMPUS Trips)
SEVENTH or EIGHTH GRADE <input type="checkbox"/> GEMINI TRAVEL <input type="checkbox"/> 8 Weeks <input type="checkbox"/> 1 st 6 Wks <input type="checkbox"/> 2 nd 6 Wks <input type="checkbox"/> 1 st 4 Wks <input type="checkbox"/> 2 nd 4 Wks <input type="checkbox"/> 1 st 4 Weeks VISTA TRAVEL PROGRAM <input type="checkbox"/> 1 st 4 Weeks VISTA TRAVEL plus 2 Weeks GEMINI TRAVEL (6 weeks total) <input type="checkbox"/> 1 st 4 Weeks VISTA TRAVEL plus 4 Weeks GEMINI TRAVEL (8 weeks total)
NINTH GRADE <input type="checkbox"/> GEMINI TRAVEL <input type="checkbox"/> 8 Weeks <input type="checkbox"/> 1 st 6 Wks <input type="checkbox"/> 2 nd 6 Wks <input type="checkbox"/> 1 st 4 Wks <input type="checkbox"/> 2 nd 4 Wks <input type="checkbox"/> 1 st 4 Weeks VISTA TRAVEL PROGRAM <input type="checkbox"/> 1 st 4 Weeks VISTA TRAVEL plus 2 Weeks GEMINI TRAVEL (6 weeks total) <input type="checkbox"/> 1 st 4 Weeks VISTA TRAVEL plus 2 Weeks CA PROGRAM (3 days work, 2 days GEMINI TRAVEL- 6 weeks total) <input type="checkbox"/> 1 st 4 Weeks VISTA TRAVEL plus 4 Weeks CA PROGRAM (3 days work, 2 days GEMINI TRAVEL- 8 weeks total) <input type="checkbox"/> 1 st 4 Weeks VISTA TRAVEL plus 2 Weeks ICS PROGRAM (5 days work - 6 weeks total) <input type="checkbox"/> 1 st 4 Weeks VISTA TRAVEL plus 4 Weeks ICS PROGRAM (5 days work - 8 weeks total)

γ ENCLOSE A \$500 DEPOSIT WITH YOUR ENROLLMENT γ

By signing this form, parent/guardian agrees to all terms of Twin Oaks' enrollment, including those printed on the back of this Contract.

SIGNATURE: _____ DATE: _____

Twin Oaks is required to be permitted to operate by the Nassau County Dept. of Health. The camp is inspected twice yearly by the Nassau County Dept. of Health. Reports are on file at the camp and at the Nassau County Dept. of Health, 106 Charles Lindbergh Blvd., Uniondale, NY. Inquiries can be made Monday-Friday, 9am-4:45pm at 227-9717.

Twin Oaks Day Camp - PO Box 750 - Freeport - NY 11520 - 516-623-4550 - www.twinoaksdaycamp.com

Before 9am or After 4pm Parent Pick-Up: (specify times) _____

TRANSPORTATION TO CAMP

Camper _____

Pick Up from
(Address) _____

Town/Phone _____

Session _____

TRANSPORTATION HOME

Camper _____

Home to (Address) _____

Town/Phone _____

Session _____

PLEASE NOTE TRANSPORTATION SURCHARGE: THERE WILL BE AN ADDITIONAL CHARGE IF YOUR CHILD HAS 2 DIFFERENT PICK-UP AND DROP-OFF LOCATIONS REQUIRING SEATS ON TWO DIFFERENT BUS RUNS