

2024 CAMP APPLICATION



P.O. Box 5, Leonia, NJ 07605-0005
(212) 354-2267
1(800)442-PENN
camp pennbrook@att.net
Fax (212) 354-6258

Please enroll _____
(name)
at Camp Pennbrook for the following camp session.

If you require special arrival/departure dates, please call to make arrangements. Extra days will be pro-rated where applicable.

Camper's date of birth _____ Age _____ Grade _____ (next Sept.) Camper E-Mail _____

Home Address _____ Parent E-Mail _____

Home Address _____ Zip _____ Name of School _____

Home Phone _____ Business Phone (father) _____ (mother) _____

Cell Phone (father) _____ Cell Phone (mother) _____ Cell Phone (camper) _____

Parents/Guardians Names _____

Father's Firm Name _____ Other Parent/Guardian Firm Name _____

Address _____ Address _____

_____ Zip _____ Zip _____

How did you hear about us? (name of friend, newspaper, magazine, or referral agency) _____

DEPOSIT OF \$500 IS PAYABLE UPON THE SIGNING OF THIS AGREEMENT.

Payable in US funds. Balance is payable on or before May 15. Deposits refunded in full up to May 15th upon receipt of written notification. Please make check payable to Camp Pennbrook.

The camping period set forth above includes room and board, general camping program, laundry service, medical and nutritional staff. Parents, relatives and campers agree to abide by the rules and regulations promulgated by the camp directors and staff for the safety, health and well being of the camp. There will be no allowance or refunds made in the event of a late arrival or early departure. All credit card sales are final sales. By utilizing a credit card payment, cardholder may not dispute or attempt to charge back any credit card payment. Conduct inimical to the best interest of the camp will result in discharge without benefit of refund. Such conduct includes, but is not limited to: smoking, purchasing or bringing food on camp or on a camp trip, leaving camp or any off camp activity without approval and supervision, using any illegal substances. The venue and place of trial of any dispute that may arise out of this contract or otherwise, to which Camp Pennbrook or its agents, is a party, shall be in Bergen County Justice Court in Hackensack, NJ. The camp retains the right to use for publicity purposes any photographs, likenesses, statements or letters of any enrolled camper for use in any media. The camp is not responsible for loss of any personal property, i.e. clothing, radios, cameras, walkman, etc. . . . Parent or guardian are responsible for any incidental charges incurred by camper. ie. special prescriptions, medical or dental charges, special off campus trips, or personal shopping needs. By signing this agreement we hereby give permission to administer the following over the counter medications if the nurse deems it necessary (headache - Tylenol, upset stomach - Pepto Bismol, diarrhea -Immodium AD, menstrual cramps - ibuprofen, poison ivy - Calamine Lotion. The above agreement constitutes the entire understanding between the parties.

MAJOR MEDICAL CARRIER _____ POLICY # _____

Parent (Guardian) Signature _____

If you wish any portion of the tuition charged, please complete the following:

MasterCard Visa American Express Discover

Card # _____ Expiration Date _____ CVC: _____

Amount to be Charged \$ _____

Name (as it appears on card) _____

Address _____

Signature _____

THIS APPLICATION MUST BE SIGNED AND RETURNED BY PARENT OR GUARDIAN.
IF ENROLLING BY PHONE, PLEASE SIGN AND RETURN APPLICATION TO CONFIRM ENROLLMENT

CHECK ONE:	
Session 1 <input type="checkbox"/>	6/22-8/3 (6 weeks) \$10,250
Session 2 <input type="checkbox"/>	6/22-7/20 (4 weeks).. . . . \$7000
Session 3 <input type="checkbox"/>	6/22-7/13 (3 weeks).. . . . \$5250
Session 4 <input type="checkbox"/>	7/6-8/3 (4 weeks) \$6750
Session 5 <input type="checkbox"/>	7/13-8/3 (3 weeks). \$5050
Session 6 <input type="checkbox"/>	7/20-8/31 (2 weeks).. . . . \$3350
*Parent Program Call	
Weekly extension rate \$1750 per week	