

enrollment APPLICATION

If you are re-enrolling please only enter the name and information that has changed since the prior enrollment.

Camper Information

For the 20 Season Please fill in session start date below:

Session: Full (weeks 1-7) 1st (weeks 1-4) 2nd (weeks 5-7)

Rookie: weeks 1-2 weeks 3-4 weeks 5-6

Camper's name (last, first):

Boy Girl Present age: Birthdate:

Complete home address:

Home telephone:

School: Current school grade:

Name camper likes to be called:

Has camper attended another resident camp(s):

Yes, camp name(s):

Referred to camp by:

Is this your first year at Weekeela?

Sibling Information

Name: Birthdate: Camp: Grade:

Name: Birthdate: Camp: Grade:

Name: Birthdate: Camp: Grade:

Parent Information

Parent(s): Sole parent Married/live together Live separately Divorced

Child lives with: Both parents Mother Father

Alternate mailing address (if needed):

Parent one name (last, first):

Occupation:

Business telephone: Cell phone:

e-mail:

Parent two name (last, first):

Occupation:

Business telephone: Cell phone:

e-mail:

Emergency contact person: Telephone:

Relationship to camper:



Please attach recent photo of the camper being enrolled.

Payments

\$1900 with application.

Make checks payable to "Camp Weekeela," or, if you prefer, charge the deposit and all further payments to:

Visa MasterCard

We do not accept American Express

Card # _____

CCV: _____

Expiration Date _____

Please return application to:

Camp Weekeela
979 Allison Court
Ridgewood, NJ 07450-2201
Tel: 201.612.5125
Fax: 201.612.9927 or 201.701.0204

Signature of one parent is required for admission

I have read and agreed to the terms and conditions outlined on the reverse side of this form, and, if applicable, I expressly authorize charging the above-noted credit card for all payments due Camp Weekeela hereunder.

Signature _____ Date _____

Signature _____ Date _____