

1. There will be no refund at any time during the season for camper absence. For illnesses of five consecutive days or more in duration (with medical certification) an appropriate extension or credit for next year will be issued.
2. The camp reserves the right to cancel service for any camper whose payment is not in order.
3. Registration is subject to availability of space at time of receipt of deposit.
4. The camp reserves the right to cancel enrollment of any camper who does not demonstrate reasonable age appropriate standards of behavior (as determined by the camp).
5. If the parent requests reduction in weeks after the start of camp, there will be a credit issued toward next summer's tuition.
6. If the camp determines that it cannot provide adequate supervision or facilities for campers with special needs, it reserves the right to terminate enrollment of such campers.
7. Parent agrees to adhere to camp rules with respect to visiting and parking.
8. Any misrepresentation on the camper registration form or this contract will void the agreement; Refunds will not be made if this occurs.
9. Parent agrees to keep child at home if camper contracts a contagious disease.
10. Requests for placement of children with same grade friends will be done according to group size and cannot be 100% guaranteed. No negative requests will be considered.
11. Special Activity Calendars are subject to change due to weather/scheduling problems and may have to be adapted and/or modified as deemed necessary by Beth Sholom Day Camp.
12. It is understood that all photography taken at BSDC may be used for promotional purposes.
13. The camp must be informed of any special custodial arrangement regarding children of divorced or separated parents. Where necessary, copies of decrees involving custody must be shown to camp administration.
14. The camp reserves the right to deny participation in any activity, day excursion, or overnight in which the camp deems the participation/presence of the camper would be dangerous or distracting to the camper, to other campers, or to staff members. Alternate activities at camp would be provided.
15. The camp reserves the right to share medical information with all staff members when necessary.
16. The Nassau County Health Dept. inspects our facilities once prior to camp and once during camp.

By signing here you are also acknowledging that you are responsible for payment of all camp fees.



Parent's Signature

Date

Trip and Activity Authorization

I hereby give permission for my child/children to participate in all trips and activities as outlined in the special events calendar and the weekly newsletter. Permission slips will be needed for some trips. In addition, I give permission for participation in all out of camp rainy day activities. I understand that if I do not want my child to participate in any activity, the camp must be advised in writing.



Parent's Signature