



Vacation Day Camp

REGISTRATION FORM

FOR VACATION WEEK (CHECK ONE): February 17 - 21, 2020 April 13 – 17, 2020

PARTICIPANT INFORMATION:

First Name

Last Name

Date of Birth

Sex

Present Grade In School

Name of participant's School

PRIMARY GUARDIANS (Please list the guardians living in the participant's household in this section.)

First Parent/Guardian: First Name

Last Name

Second Parent/Guardian First Name

Last Name

Relationship to Participant:

Relationship to Parent:

Mailing Address

City

State

Zip

Home Phone

Work Phone

Cell Phone

Home Phone

Work Phone

Cell Phone

Email address

Email address

PAYMENT INFORMATION:

Program Fee: \$305/week or \$66/day
Includes all activities, lunch and snacks

Transportation Fee: \$10 per child per day

Campion Ice Rink, Hanover, NH

Early Drop-off Fee: \$10 per child per day

Late Pick-up Fee: \$5 per child per day (*not available on Friday*)

Sibling Discount: \$255/week or \$56/day for each additional child
Enrolled from the same family

Van transportation is available daily.

Van departs @ 8:30 AM(drop off starts 8:00 AM) & returns @ 5:00 PM

Supervised recreation from 7:30 to 8:30 AM, includes breakfast.

Supervised recreation from 4:30 to 5:30 PM

Full Week Fee: \$ 305.00

Daily Fee: \$66 X _____ (#) days \$ _____ (amount)

My child will attend the following days:

____(✓) Mon ____ (✓) Tues ____ (✓) Wed ____ (✓) Thurs ____ (✓) Fri

Transportation Fee: \$10 X _____ (#) days \$ _____ (amount)

Early Drop-Off Fee: \$10 X _____ (#) days \$ _____ (amount)

Late Pick-up Fee: \$5 X _____ (#) days (*not available on Friday*) \$ _____ (amount)

Less Sibling Discount: (\$50/week or \$10/day) \$ _____ (amount)

TOTAL FEE: \$ _____

OVER

Please charge my Visa, MasterCard or Discover Card:

Card Number

Expiration Date

Signature

\$ _____

Please make checks payable to: The Aloha Foundation, Inc.

Vegetarian Meal Options: Yes No

Dietary Restrictions/Food Allergies:

If you are claiming the **Sibling Discount** please write siblings' name below:
Please fill out a separate registration form for each family member.

Name(s)

Name(s)

Mail check and registration form to:

**Hulbert Outdoor Center
2968 Lake Morey Rd.
Fairlee, VT 05045
Fax: 802-333-3404**

Questions/More Information: Contact Lynn Daly: Lynn_daly@alohafoundation.org
802-333-3405

Withdrawal and Refund Policy

The registration fee is non-refundable in case of withdrawal.

Parents must have paid the tuition and registration fees in total before the first day of the session.

We reserve the right to dismiss any camper if, in our opinion, this action is in the best interest of the Camp or the child.

Health Coverage and Assumption of Risk:

Children at Hulbert Vacation Camp must, upon arrival, be covered by a comprehensive Health and Accident policy. Insurance information and policy numbers will be required on the health forms you receive. Health forms must be at Camp on, or before, opening day. By applying to send your child to Hulbert Vacation Camp, you consent to his/her participation in all regular Camp activities, both on and off Camp grounds, and accept the fact that some of these involve inherent risks. By permitting your child to attend and participate in Camp activities, The Aloha Foundation, Inc. and its agents, employees and volunteers are released from any and all claims for damage arising out of injury to your child while participating in any and all of the activities.