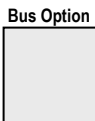
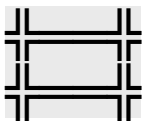




Reserve a magical time!

For Office Use Only



Bus Rte.	P/U Time	D/O Time

W:

S:

Ref.

RC

Fr/Rel

Sch

Job/Org

Ad

Int

Tele

Other



(718) 634-8109
Fax (718) 318-3609

Magic Carpet Enrollment Form 2012

Camper Number

Ms. Mrs. Dr. Mother: Last Name _____ First Name _____ Cell #: () _____

Mr. Dr. Father: Last Name _____ First Name _____ Cell #: () _____

Mailing Address: Street _____ Apt # -Bell # _____ City _____ State _____ Zip Code _____ Home Tel: () _____

Primary E-Mail Address: _____ Name of Person at this Address _____ Relationship to Child/ren: _____

Alternate Contact Person: _____ Relationship to Child/ren _____ Alternate Tel: () _____

For transportation Purposes Full Name (Please choose someone near pu/dro address)

Bus. Name & Address: _____ Bus. Tel: () _____

Mother _____

Bus. Name & Address: _____ Bus. Tel: () _____

Father _____

TRANSPORTATION

Morning Pick Up Address: (Please make a selection and place an "X" in the appropriate box) (1) Pick up will be at the mailing address given above. (2) Transportation is not necessary. (Parent or guardian will take children to the campsite.) (3) Pick up will not be at the mailing address listed above. The children should be picked up at the following address:

(Please fill in the following section only if #3 was selected)

Pick Up Address: Street _____ Apt # -Bell # _____ City _____ State _____ Zip Code _____ Tel. at Address: () _____

Full Name of Person at Address: _____ Relationship to Child/ren: _____ Cell #: () _____

Afternoon Drop Off Address: (Please make a selection and place an "X" in the appropriate box) (1) Drop off will be at the mailing address given above. (2) Transportation is not necessary. (Parent or guardian will pick up child/ren from the campsite.) (3) Drop Off will not be at the mailing address listed above. The children should be dropped off at the following address:

(Please fill in the following section only if #3 was selected)

Drop Off Address: Street _____ Apt # -Bell # _____ City _____ State _____ Zip Code _____ Tel. at Address: () _____

Full Name of Person at Address: _____ Relationship to Child/ren: _____ Cell #: () _____

Group	Child's First Name	Child's Last Name	Sex	Grade (As of 9/12)	Age (As of 6/12)	Date of Birth MM/DD/YYYY	Weeks	Shirt Sizes	
								YOUTH	ADULT
			M F					6-8 • 10-12 14-16	AS • AM • AL AXL • AXXL
			M F					6-8 • 10-12 14-16	AS • AM • AL AXL • AXXL
			M F					6-8 • 10-12 14-16	AS • AM • AL AXL • AXXL

CIRCLE CHOSEN WEEKS

Weeks	Dates	Weeks	Dates
1	July 2 to July 6	5	July 30 to Aug. 3
2	July 9 to July 13	6	Aug. 6 to Aug. 10
3	July 16 to July 20	7	Aug. 13 to Aug. 17
4	July 23 to July 27	8	Aug. 20 to Aug. 24

Discount Rate (Good Through 4/15)	No. of Weeks	Seasonal Rate (After 4/15)
\$ 710	2	\$ 800
\$1,060	3	\$1,150
\$1,410	4	\$1,480
\$1,710	5	\$1,805
\$2,010	6	\$2,115
\$2,285	7	\$2,420
\$2,400	8	\$2,625

Make payment to:
MAGIC CARPET DAY CAMP
P.O. Box 171
Fort Tilden, NY 11695

Tuition \$ _____

Registration + \$ _____

TOTAL FEE = \$ _____

Deposit - \$ _____

Balance \$ _____

Any displays of violence or aggressive behavior towards another camper or staff member will result in immediate expulsion without refund.

PAYMENT SCHEDULE

Number of Payments _____ Amount of Each Payment _____ Payment Dates _____

Enter Payment information (please place an "X" in the appropriate box)

Check # _____ Credit Card: MasterCard Visa Credit Card Information: Name on Card (Please Print): _____ Credit Card #: _____ Code# _____

Exp. Date: _____ Amount of Charge: \$ _____ Signature _____ Billing Zip Code: _____

Enrollment Agreement and Trip Consent Form: Tuition includes transportation, lunch, t-shirt, tote bag, insurance, and trip admissions. There is a \$75.00 registration fee for the first child and a \$40.00 registration for each additional child. A minimum stay of 2 weeks is required. Registration fees are non-refundable. Full tuition is to be paid by May 1st, 2012 unless otherwise indicated on this agreement. Tuition payments must be made according to payment arrangements. Failure to do so will result in late fees. There are no refunds for absences, changes, withdrawals, suspensions, or terminations. If a child misses more than two weeks due to health, a credit will be given for the time lost thereafter. A doctor's note is necessary. All credit requests must be in writing. Credits are good through the next camp season. Changes made after May 31st, 2012, except for extensions, are subject to a \$100.00 processing fee per request. This includes any changes made to pick up and drop off addresses. Magic Carpet's Calendar of Special Events and Trips has been reviewed and permission is given for all activities including off site-trips, swimming and rainy day excursions. Permission is given to the camp to use photographs of campers in its brochure and advertising materials. **The camp is not responsible for personal property.** Any displays of violent or abusive behavior towards another camper or staff member may result in immediate expulsion without refund. No other claims, promises or agreements are binding unless specified in our published advertisements or on this enrollment form. I have read the enrollment Agreement and understand its terms and accept its conditions. I hereby agree that all photos and/or video recordings are property of MCDC to be used at our discretion.

Parent's Signature _____ Date _____

Visit us on the web at www.magiccarpetdaycamp.com