

# 2010 EARLY BIRD CAMP ENROLLMENT FORM

On behalf of my camper, I desire to make application for admission, subject to all the conditions stated in the camp brochure/enrollment application, which I have read, and of which this is a part, to Skylake Yosemite Camp for the camp period checked:

## TWO WEEK SESSIONS • Tuition \$2,600

- SESSION A June 20 to July 3  
 SESSION B July 4 to July 17  
 SESSION C July 18 to July 31  
 SESSION D August 1 to August 14

## TRADITIONAL FOUR WEEK SESSIONS • Tuition \$4,700

- FIRST SESSION June 20 to July 17  
 SPLIT SESSION July 4 to August 31  
 SECOND SESSION July 18 to August 14

Enclosed find my check for \$500 or bill to my credit card (please complete credit card authorization below) to apply to the camp fee, which is returnable if application is rejected. I agree to pay the balance due for the session applied for, no later than April 15th 2010. I understand that in the event of late entry or early withdrawal, no refund will be made, but that in the event of late entrance or early withdrawal due to illness, the financial loss will be shared equally by the camp and the parents. I accept the conditions of cancellation as stated in this folder.

In signing this form I certify that my son or daughter is amenable to discipline and is free from habits that would make an undesirable camper. I further understand that Skylake posts photographs of campers on their website and I have no objection if my child's picture appears. This application has my consent and approval (Please print all data after signature.)

### CAMPER INFORMATION:

(Signature of parent or guardian)

(Printed name of parent or guardian)

FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  BOY  GIRL

Street Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_ HOME PHONE \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

School Child Attends: \_\_\_\_\_ Name of Principal: \_\_\_\_\_ Child's Grade Completed June 2010: \_\_\_\_\_

Cabin Mate Request (Only One): \_\_\_\_\_ Child's Age June 2010: \_\_\_\_\_ Date of Child's Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### PLEASE CHECK OR ANSWER ALL ITEMS BELOW.

**HOME ENVIRONMENT:** (Please check) Does camper live with both parents?  YES  NO If No, which parent? \_\_\_\_\_

Address (if different from home address above) \_\_\_\_\_

**FAMILY:** Brothers:  YES  NO Number: \_\_\_\_ Ages: \_\_\_\_\_ Sisters:  YES  NO Number: \_\_\_\_ Ages: \_\_\_\_\_

**RETURNING SKYLAKER:**  YES  NO This is my \_\_\_\_ year at Skylake.

### OTHER CAMPS ATTENDED:

Name \_\_\_\_\_ Year \_\_\_\_\_ Length of Stay \_\_\_\_\_ Happy Experience?  YES  \*NO \*If "NO," please explain on a separate page so that we may be aware of any problems.  
Name \_\_\_\_\_ Year \_\_\_\_\_ Length of Stay \_\_\_\_\_ Happy Experience?  YES  \*NO

Are there any dietary restrictions, for health or religious reasons, to be observed:  \*YES  NO If "YES," please state specific restrictions to be observed (no red meat, etc...) \_\_\_\_\_

**BUS TRANSPORTATION:** Space on the buses cannot be guaranteed unless this information is provided at the time of registration.

**Please indicate your intention of using the bus service.** Southern California buses arrive and depart from the Federal Building on Wilshire Blvd.

Northern California buses arrive and depart from both Emeryville and Palo Alto.

Arrival Date: \_\_\_\_\_  \*YES  NO (\*If Yes, Please Check One)  Federal Building  Emeryville  PaloAlto

Departure Date: \_\_\_\_\_  \*YES  NO (\*If Yes, Please Check One)  Federal Building  Emeryville  PaloAlto

**Has the applicant had professional counseling in the past 5 years?**  \*YES  NO (\*If YES, please write description/nature of counseling on a separate sheet of paper. Also, have the counselor write a letter recommending a resident summer camp experience for your child and send letters in with the completed application. If your child begins counseling after he/she has been accepted as a camper, then the Directors must be notified in writing immediately.)

**CREDIT CARD AUTHORIZATION OPTION** - I authorize Skylake Yosemite Camp to charge against the below listed credit card all fees relevant to the enrollment of my child. The deposit amount of \$500.00 shall be debited upon receipt of the application. The balance of the tuition owed along with bus charges will be charged on April 15th or date of enrollment, whichever date occurs later. Trading Post deposit of \$100.00 is due with tuition.

VISA  MASTERCARD  AMERICAN EXPRESS

Credit Card # \_\_\_\_\_ Name on Credit Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_

**Please complete the entire form, detach this application and mail with your payment to:**

**SKYLAKE YOSEMITE CAMP • 37976 ROAD 222 • WISHON, CA 93669**

**Any questions please call: (559) 642-3720 or visit us online at: [www.skylake.com](http://www.skylake.com)**