



# 2011 Enrollment Application

**The 2011 Teen Hampton Season Runs from Monday, June 27th - Friday, August 19th**  
 Teen Hampton will be closed Monday, July 4th for Independence Day

Child's Name .....	Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female
Winter Address .....	Birthdate ..... Grade Sept. '11 .....
.....	
Winter Phone .....	School .....
Parent's Name .....	Parent's Name .....
Parent's Work # .....	Parent's Work # .....
Parent's Cell # .....	Parent's Cell # .....
Parent's Email .....	Parent's Email .....

**PLEASE ENROLL MY CHILD FOR THE 2011 SEASON IN THE PROGRAM SELECTED BELOW:**  
**\$1,500 deposit on enrollment. Balance is due IN FULL May 15, 2011.**

	Standard Tuition
<input type="checkbox"/> <b>8 Weeks</b>	<b>\$7,450</b>
<input type="checkbox"/> <b>6 Weeks</b> Circle Weeks: 1 2 3 4 5 6 7 8	<b>\$7,250</b>
<input type="checkbox"/> <b>4 Weeks</b> <input type="checkbox"/> 1st 4 Weeks: 6/27 - 7/22 <input type="checkbox"/> 2nd 4 Weeks: 7/25 - 8/19	<b>\$5,350</b>
<input type="checkbox"/> <b>Weekly</b> Circle Weeks: 1 2 3 4 5 6 7 8	<b>\$1,550</b>

**PAYMENT METHOD (Tuition fully refundable until February 28th, 2011):**

VISA     MasterCard     AMEX     Check Enclosed

Card Number ..... Cardholder's Name .....

Expiration Date ..... Billing Address .....

Payment Amount ..... City, State, Zip .....

**PLEASE SIGN ON REVERSE**      Cardholder's Signature .....

Extensions made after the first day of Teen Hampton will be billed at 10% over the non-discounted rate.  
 There are no refunds for absences, changes, withdrawal or terminations.  
 Deposit is fully refundable through February 28th, 2011 (or 30 days after enrollment, whichever is later), less a \$250 Administrative Fee.  
 The \$250 Administrative Fee is also fully refundable within 30 days of enrollment. All payments above deposit are fully refundable through May 31st, 2011.  
 Teen Hampton is inspected by the Suffolk County Department of Health at least twice a year and reports are on file at 360 Yaphank Avenue, Suite 2A, Yaphank, NY.

## TRANSPORTATION

*(Included in Tuition, minimum of 3 week enrollment required. Please inquire, while we cannot guarantee transportation for Teens enrolled less than 3 weeks, we will do our best to accommodate.)*

- No, I will not be taking advantage of Teen Hampton's bus transportation - I will be dropping off and picking up my child daily
- Yes, my child will be taking advantage of Teen Hampton's bus transportation.

Transportation (Summer) Address: .....

Transportation subject to availability for all enrollments received after May 31, 2011.

## Terms Of Agreement

- (1) Tuition includes all regular Teen Hampton activities and lunch.
- (2) The required deposit shall be paid at time of registration and the full balance shall be paid by May 15th.
- (3) Due to the seasonal nature of Teen Hampton and the set limitation of spaces offered, no refund shall be provided for absences, changes, withdrawals, or dismissal for cause.
- (4) For the safety and general welfare of all children, Teen Hampton reserves the unrestricted right to dismiss a child whose conduct or influence, in the opinion of the director, is inimical to the best interests of Teen Hampton.
- (5) Permission is hereby granted for photographs to be taken of the child and Teen Hampton has the right to utilize these photographs in Teen Hampton brochures, on our website (password protected) and display material.
- (6) Permission is hereby granted to Teen Hampton to take the child on trips outside Teen Hampton as part of the regular program.
- (7) This contract constitutes the full understanding of the parties hereto and no change, modification or waiver of any of the terms shall be effective unless in writing and signed by both parties.
- (8) It is agreed that the venue and place of trial of any dispute that may arise out of this Agreement or otherwise, to which Teen Hampton, or its agents, is a party shall be in Nassau County, New York.

## Medical Permission Statement

**(Must be completed before your child can be admitted to Teen Hampton)**

I hereby give Teen Hampton permission to take my child to any hospital facility or outside doctor when deemed necessary. Furthermore, I hereby give permission to such hospital or outside doctor to authorize x-rays and emergency treatment if deemed necessary. I understand that all medical bills for service rendered by anyone other than Teen Hampton's medical staff are my responsibility.

I have read the Terms Of Agreement and the Medical Permission Statement above and understand its terms and accept its conditions. In the event that this Agreement is executed by one parent, I acknowledge that I am also acting as the agent of the other parent with authority to so enroll my child at Teen Hampton and to execute this Agreement on his or her behalf. I recognize that Teen Hampton relies upon the representations herein made in accepting this enrollment.

I have read the Enrollment Agreement, and understand its terms and accept its conditions.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

**Teen  
Hampton**

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fun@teenhamptonsummer.com

**SUMMER ADDRESS:**  
PO Box 5089  
East Hampton, New York 11937  
Telephone: 631.604.1727  
Fax: 631.604.1728

**WINTER ADDRESS:**  
85 Crescent Beach Rd  
Glen Cove, New York 11542  
Telephone: 516.953.5171  
Fax: 516.656.4215

