



Is Your Child Ready for Camp?
Ivy League Day Camp presents...

FANTASY CAMP 2017



A fun filled taste of a REAL camp experience designed for 2, 3, 4, and 5 years olds.
Fantasy Camp is offered to children who have never experienced ILDC.
(Your child does not need to be toilet trained).

Date: Tuesday, Wednesday, & Thursday
August 15, 16, & 17

Time: 9:30AM - 12:30PM
Parent Transportation

Includes all athletic, aquatic, creative experiences and lunch under the supervision of specially selected, MATURE staff.

FEE: \$150 - includes camp shirt, camp bag and lunch

- TO ENROLL:**
1. Fill out application.
 2. Return with your check for \$150 made out to Ivy League Day Camp
 3. Upon registration an email will be sent with detailed information and medical forms to be completed prior to the start of Fantasy Camp.

SPACE IS LIMITED

2017 FANTASY CAMP

Camper Name _____ Male _____ Female _____ Home Phone _____

Address: _____ City _____ State _____ Zip _____

Camper's Birthdate _____ Age as of August 2017 _____

Mother's Name _____ Bus. Phone _____ Cell Phone _____

Father's Name _____ Bus. Phone _____ Cell Phone _____

E-mail address _____ @ _____

I am registering my child for the Ivy League Fantasy Camp for August 15, 16 & 17 at the cost of \$150.

Enclosed is my check for \$150. **(Make check payable to Ivy League Day Camp.)** I understand that should I enroll my child for Camp 2018, 1/2 of the Fantasy Camp tuition will be deducted from the Camp 2018 balance.

Do you have a sibling enrolled in ILDC? Yes ___ No ___ If yes, name _____

Camper's Shirt size: (Please circle) XS (2-4) S(6-8) M(10-12)

If I cannot be reached in an emergency, please contact:

Emergency Number: Name _____ Phone # _____

Relationship _____

Emergency Number: Name _____ Phone # _____

Relationship _____

Physician's Name _____ Phone # _____

Please note any comments and/or allergies

Please place my child with _____

Camp is not responsible for clothing or personal belongings lost on premises. Parent hereby grants permission for the Ivy League Day Camp to photograph & video his/her child and use these pictures for brochure, Ivy League web site and display purposes. I also give permission for Ivy League to release my phone number and/or address to other children in the group for socializing.

The Directors will exercise every reasonable precaution consistent with safety, health and care. Furthermore, in the event that I or my family physician cannot be contacted in an emergency, I hereby grant permission to Centra-State Hospital in Freehold, or the nearest facility when on a trip, to provide a physician and to give emergency treatment to my child.

Signature of parent or guardian: _____ **DATE** _____