

ENROLLMENT INFORMATION/APPLICATION – 2012



Celebrating our 108th Year!

CAMP MOOSILAUKE
35 Camp Road
Orford, NH 03777

Toll free: (800) 353-4546
Phone: (800) 353-4545
Fax: (603) 353-9103
Website: www.moosilauke.com
e-mail: cmoosilauk@aol.com

DATES FOR 2012

4 ½ WEEKS

Thursday, June 28 to
Saturday, July 28

2 ½ WEEKS

Monday, July 30 to
Wednesday, August 15

PARENTS' DAY

Saturday, July 28
(For 4 ½ week session only)

FEES FOR 2012

As opposed to many other camps, Camp Moosilauke's fees are all inclusive. You will not be assessed additional charges for items like canteen fees, trips, spending money, laundry, and camper postage. There is an additional charge should you decide to use the chartered bus transportation to/from Camp (from/to NYC and Connecticut only).

4 ½ WEEKS

\$5,150
\$1,000 registration fee

\$6,150

2 ½ WEEKS

\$3,000
\$ 500 registration fee

\$3,500

TUITION IS DUE ON APRIL 1, 2012

The registration fee of \$1000 for the 4 ½ week session or \$500 for the 2 ½ week session (both non-refundable after December 1, 2011), payable in United States currency through a United States bank, is due at the time of enrollment.

INCOMING WIRES – FOREIGN AND DOMESTIC

You may wire funds directly to the account of
CAMP MOOSILAUKE
Ledyard National Bank
Lyme, NH 03768
Acct. No. 579102
Routing No. 011701987

WITHDRAWAL AND REFUND POLICY

In case of withdrawal, the registration fee is non-refundable after December 1, 2011.

Camp Moosilauke expects patrons to be responsible for the full tuition if withdrawal is made after April 1st. If Camp Moosilauke succeeds in filling the camper space, parents will be relieved of this financial obligation. The sooner any change of plan is known, the more likely it is that a vacancy can be filled.

It is not possible to make any reduction for entering late or leaving early.

The Directors reserve the right to dismiss, with no refund, any camper whose influence or actions are deemed harmful, and/or do not live within the rules and policies of the Camp as described in the Family Handbook.

PAYMENT PLAN

Some families have found it helpful to extend tuition payments over several months; families interested should follow the instructions accordingly when bills are sent out in March.

FINANCIAL AID

Considerations in the provision of aid include need, diversity, and the overall benefit the boy and the Camp will receive from the experience. Requests for financial aid will be reviewed and responded to within 30 days. The Camp application with registration fee must be received by the Camp office before aid information can be analyzed. Every effort is made to be equitable and consistent; if the offered award is not sufficient to the need, the entire registration fee is refundable.

Camp Moosilauke is open to all without regard to race, color, national origin, religious affiliation, or handicap in accordance with the Civil Rights Act of 1964.

Camp Moosilauke is owned and operated by Moosilauke-Merriwood Inc. Founded in 1904, it is run by a third generation of Millers.

TRAVEL

Depending on demand, Camp Moosilauke arranges travel to and from Camp on chaperoned buses. With the exception of international campers, all children flying to Camp will be met and brought to camp from the Manchester, NH or Lebanon, NH airports.

Camp Bus:	Round trip NY/CT	\$140
	One Way	\$ 80
Individual Airport	Manchester Airport	\$ 75
	Lebanon Airport	\$ 50
Pick-ups:	Boston Airport (R/T)	\$150
	Boston – One Way	\$ 90

Camp bus reservations are made on a first-come, first-served basis.

LEAVES FROM CAMP

We take every possible precaution to protect the health and happiness of our campers. Therefore, we have a strict policy that no camper be taken out of Camp at any time for any reason. The Directors appreciate your cooperation in requesting no exceptions.

HEALTH COVERAGE

Children at Camp Moosilauke 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.

A member of the health staff is always on campus while Camp is in session. Our health staff, at different times, includes RNs, EMTs, LPNs, Physician Assistants and Wilderness First Responders. Of course, our Camp Physician is always on call. Camp Moosilauke is located 30 miles from the Dartmouth-Hitchcock Medical Center.

By applying to send your child to Camp you consent to his participation in all regular Camp activities, both on and off Camp grounds, and accept the fact that some of these involve dangers which the child might not otherwise encounter. Please see our promotional materials for activity specifics.

IMAGES, ETC.

Camp Moosilauke is given permission to use: a) digital, photographic, video, and audio images or likenesses of the camper; and b) statements, articles, names, music, art, photographs, audio recordings, films, and videos created by the camper or originating from Camp or from a Camp-related activity.

BELONGINGS

Camp Moosilauke is not responsible for camper's belongings or equipment while in transit or at Camp.

2012 CAMP MOOSILAUKE APPLICATION FOR ENROLLMENT

It is essential to have both sides of this form completed for returning as well as new campers. Please print or type.
Detach and mail to: **Camp Moosilauke, 35 Camp Rd., Orford, NH 03777**

Enclosed is the required registration fee of \$1000 (4 ½ weeks) or \$500 (2 ½ weeks) payable to
CAMP MOOSILAUKE

Check the appropriate box: First Session (4 ½ weeks)
 Second Session (2 ½ weeks)

Camper's name _____ Nickname: _____

Date of birth _____

Present grade in 2011-2012 school year _____

Camper resides with:

Parent 1 Name _____ Parent 2 Name _____

Full Permanent Address _____

Home Telephone Number (____) _____ - _____ Fax number (____) _____ - _____

Cell Phone Numbers: Parent 1 (____) _____ - _____ Parent 2 (____) _____ - _____

Email Address: Parent 1 _____

Parent 2 _____

Other Parent Address and Phone Number _____

Summer Address/Telephone and Dates _____

If not available in an emergency, please contact: _____

Parent 1 Business/Profession: _____ Telephone: (____) _____ - _____

Parent 2 Business/Profession: _____ Telephone: (____) _____ - _____

To what name and address do you wish the bill sent? _____

Name of Camper's School: _____

How did you learn about Moosilauke? _____

Name(s) of relatives or friends who have attended Moosilauke: _____

Has your child been to camp before? _____ If yes, where and when? _____

Brothers' Names and Ages: _____

I would like information about Moosilauke sent to the following family:

Name: _____ Telephone: (____) _____ - _____

Address: _____

Child's Name: _____ Age/Grade: _____

SPECIAL INSTRUCTIONS – PLEASE FILL OUT IN DETAIL

Please fully complete each of the following sections, even if your son has previously attended Moosilauke.

General Health (including restrictions in effect or medications required during Camp):

Temperament/Personality (essential for best placement in cabin groups):

Special Interests:

What do you wish your son to accomplish at Camp? If you wish him to develop a specific skill, please indicate. (Please include camper opinions, also.)

Further Remarks:

I have read and agree to the terms and policies in the attached Enrollment Information page and the accompanying promotional materials.

Date: _____

(Parent or Guardian Signature)

PLEASE ATTACH A CURRENT PICTURE BELOW:

