



For Girls 8 – 15

**Lake Dunmore
Salisbury, Vermont**

2020 APPLICATION

JUNE 28 – AUGUST 22, 2020

EIGHT AND FOUR-WEEK SESSIONS

Limited 2 week sessions for first-time 2nd – 4th graders

PLUS FIVE WEEK WILDERNESS TRIP

For campers 16-18 Inquire for details



Songadeewin of Keewaydin is operated by The Keewaydin Foundation, a Vermont non-profit corporation.

Songadeewin of Keewaydin
500 Rustic Lane
Salisbury, VT 05769
Tel (802) 352-9860
Fax (802) 352-4772
www.keewaydin.org

2020 APPLICATION INFORMATION

FEES

_____ 8 Week Session \$9,850	(June 28 - August 22)
_____ 4 Week Session \$7,650	(June 28 - July 26)
_____ 4 Week Session \$7,650	(July 26 - August 22)
_____ 2 Week Session \$4,675*	(June 28 - July 11)
_____ 2 Week Session \$4,675*	(July 26 - August 8)
*limited to first-time 2 nd – 4 th graders	
_____ Wilderness Trip \$8,250	(July 4 – August 15) (Ages 16-18)

A non-refundable deposit of \$500 is required with the application. (Deposits will be refunded if we are unable to accept a camper.)

DISCOUNTS

Early Bird Enrollment – **\$250 discount if application is received by November 1, 2019**

Sibling Discount – 5% discount on each fee is given for two or more siblings attending any Keewaydin Camp (Temagami, Songadeewin, or Dunmore)

OTHER CHARGES

Camp Store - usually up to \$100

Transportation from or to the Burlington Airport - \$100

Chaperoned bus transportation from or to New York City - \$150

Linen Rental - \$20 for 8 weeks, \$10 for 4 or 2 weeks (pillow, 3 blankets, sheets and pillow case)

PLEASE NOTE

This application is made and accepted in accordance with the provisions of the Songadeewin of Keewaydin brochure and this application. **A \$500 non-refundable deposit is due at the time of this application. (Deposits will be refunded if we are unable to accept a camper.) Payment in full must be received by March 1, 2020. No refunds will be given after this date.** Priority will be given to 2019 campers if their application is received by November 1, 2019, *but this does not mean that returning campers are guaranteed placement through November 1st.* **Applications will be accepted on a first come/first served basis.** Priority will also be given to 8-week campers if space is available. No refund is made for campers arriving late or leaving early. The right is reserved to dismiss a camper at any time if deemed in the best interest of the camp or camper. **Application is not valid unless Parent or Guardian has signed the Parent Agreement.**

Please retain this portion for your records.

SONGADEEWIN OF KEEWAYDIN 2020 APPLICATION

PLEASE PRINT OR TYPE

Camper's Name: _____ Nickname _____

Mailing Address: _____ City, State, Zip: _____

School _____ Current Grade _____ (2019-2020 school year)

Birth Date: ____/____/____ Age as of 7/1/2020: _____ years _____ months
month/day/year

	Parent or Guardian 1	Parent or Guardian 2
First and Last Name:		
Home address: (Only if different from camper address above)		
Home phone		
Cell Phone		
Work Phone		
Email		

We heard about Songadeewin of Keewaydin through _____.
OR (please check) _____ my daughter is a returning camper.

Please check desired session:

_____ 8 Week Session \$9,850 (June 28 - August 22)

_____ 4 Week Session \$7,650 (June 28 - July 26)

_____ 4 Week Session \$7,650 (July 26 - August 22)

_____ 2 Week Session \$4,675* (June 28 - July 11)

_____ 2 Week Session \$4,675* (July 26 - August 8)

*limited to first-time 2nd – 4th graders

_____ Wilderness Trip \$8,250 (July 4 – August 15) (Ages 16-18)

Indicate any special billing instructions here:

Application is not valid unless Parent or Guardian has signed the Agreement on the next page.
Please return this portion with your deposit payable to “Keewaydin”
Please include name of camper on all correspondence and payments.

**SONGADEEWIN OF KEEWAYDIN
PARENT or GUARDIAN AGREEMENT**

This application is made and accepted in accordance with the provisions of the Songadeewin of Keewaydin brochure. A non-refundable \$500 deposit is due at the time of this application. (Deposits will be refunded if Songadeewin is unable to accept a camper.) Payment in full must be received by March 1, 2020. No refunds will be given after this date. Priority for placement is given to returning campers if their application is received by November 1, 2019, *but this does not mean that returning campers are guaranteed placement through November 1st.* **Applications will be accepted on a first come/first served basis.** Priority is also given to campers who apply for the 8 week session.

In order that Songadeewin of Keewaydin may provide each camper maximum opportunity for her personal development, I confirm that my child is physically and emotionally prepared to fully participate in the programs that Songadeewin of Keewaydin offers. I understand that in signing this application I certify that my child is healthy and free of problems that could be deleterious to her happiness or that of other campers. I agree that in the event this application is accepted and a place is reserved for her in a program, she will remain in the program until the end of the period for which reservation has been made unless she is dismissed by the camp authorities for misconduct or if deemed in the best interest of the camp or camper. In case of voluntary withdrawal or dismissal, I understand that there will be no refund of program charges paid for the time reserved. No refund is made for campers arriving late or leaving early.

I understand that while Songadeewin is prepared to make reasonable accommodations for the inclusion of any individual camper, it is not prepared to make an accommodation that will place an undue burden on the camp or result in a substantial or fundamental alteration in its program or facilities. Special circumstances as well as any requests for special accommodations must be brought to the attention of the Camp Director before the submission of this application.

I authorize the medical designates of the camp to administer health checks, routine care and any urgent or emergency treatment considered necessary by the camp physician or her assistants. I desire that notification of such illness be sent to me by prompt means of communication. I understand that I am responsible for any bills related to hospital or doctor visits.

It is my desire that my child be enrolled, as indicated on the front of the application, subject to the above conditions. I enclose the deposit and agree to pay her full tuition within the terms stated in the enrollment information. In signing this application I certify that my child is covered by health and accident insurance or Medicaid and I understand that I am obligated to provide the camp with the name of the carrier and policy number. By signing this registration I accept full responsibility for all incurred program fees and expenses.

Permission is granted to use, for publicity purposes only, any photographic or video images in which this camper appears. I give permission for the Keewaydin Foundation and camps to communicate with me via electronic mail.

Camper Name (please print) _____

Signature of Parent or Guardian: _____ Date: _____

Please return this agreement, along with the completed application, and your deposit payable to "Keewaydin."

Please indicate any special billing instructions on the application.