CAMP TACONIC
770 New Windsor Road · Hinsdale, MA 01235
Phone: 413-655-2717 Fax: 201-871-2088
Email: info@camptaconic.com
Winter Office:
One Blue Hill Plaza, PO Box 1581 · Pearl River, NY 10965
Phone: 201-871-2086 Fax: 201-871-2088

2026 APPLICATION FOR ENROLLMENT

CAMPER'S NAME_____ DATE OF BIRTH _____/_____/_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

HOME PHONE_____ GENDER _____ GRADE AS OF 9/2025 _____

Please check appropriate box indicating session.

☐ **Full Season Program**

2026 Camp Dates: Sunday, June 28, 2026 – Saturday, August 15, 2026

2026 Visiting Day: Saturday, July 18, 2026

Tuition $16,600

Additional Trip Fees: TBD

Payment Schedule: $3,000 with Enrollment, $3,000 by November 1, 2025, $3,000 by January 15, 2026 Balance by March 15, 2026.

☐ **Part Season Program – <u>Available for First Summer Only</u>**

Sunday, June 28, 2026 –Saturday, July 25, 2026

Tuition $10,780

Additional Trip Fees: TBD

Payment Schedule: $3,000 with Enrollment, $3,000 by November 1, 2025, balance by March 15, 2026.

All tuitions are fully refundable until November 1. After March 15, 2026 **no** payments will be refunded unless camp cannot open for any reason in which case there will be a full refund. I understand that part of the camping experience involves activities and group interactions that may be new to my child, and that they come with uncertainties beyond what my child may be used to dealing with at home. Such risks include uneven terrain, standing and moving water, wildlife encounters including mammals, reptiles and insects. I am also aware that my child may participate in off-campus activities such as deep sea fishing, white water rafting, amusement and water parks that involve additional risks. I am aware of these risks and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp's rules and my child and I both agree that we are familiar with these rules and will obey them. The Camp reserves the right to dismiss, in its sole discretion, any Camper whose condition, conduct, influence or behavior is deemed unsatisfactory or detrimental to the best interest of the Camp or fellow Campers or who violates camp rules and regulations, in which case **no** refund will be made. Permission is hereby given for Camp Taconic to use photographs/ statements/ articles/ names/ music/art/video tape of/by the Camper in promoting Camp-related activities.

_____ _____

Signature of Parent or Guardian Date

~Please complete both sides of the application~

CAMPER'S NAME: _____

SCHOOL _____ CAMPER'S E-MAIL _____

Parent 1: _____

Occupation: _____

Parent's Email: _____

Business Phone: _____

Cell Phone: _____

Parent 2: _____

Occupation: _____

Parent's Email: _____

Business Phone: _____

Cell Phone: _____

Additional Parent or Summer Address: (if needed)

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip_____

For Office Use Only:

Date	*#*	*$*