

KINGS BAY YM-YWHA PRESCHOOL

3495 Nostrand Avenue, Brooklyn, New York 11229

(718) 648-7703 ext. 211

2010 DAY CAMP APPLICATION – AGES 2 to 6

Name of camper _____ Birth date _____ Sex _____

Address _____ Apt. # _____ Zip _____ Phone _____

Mother's name _____ Daytime phone _____

Business name and address _____

Father's name Daytime Phone _____ Daytime phone _____

Business name and address _____

Siblings' name _____ Siblings birth date _____

E-mail address _____

T-Shirt Size (check one): _____ 6-8 _____ 10-12 _____ 14-16

Person to call in an emergency (other than parent):

Name _____ Phone# _____ Relationship _____

Family Doctor Address _____ Phone# _____

PLEASE CHECK DESIRED PROGRAM

June 29th - August 20th

10 AM-3 PM\$1800 (includes hot lunch and snacks)

9 AM-4 PM\$2100 (includes breakfast, hot lunch and snacks)

½ SUMMER (06/29 – 07/23/10) _____ OR (07/26 – 08/20/10) _____\$1250

Early drop off (7:45AM-9AM) \$150 _____ Late stay (4PM-6PM)\$150 _____

DISCOUNTS (CHECK ALL THAT APPLY) FOR FULL SUMMER REGISTRATIONS ONLY:

\$100 early bird (reg. by 3/1/10, pay in full by 6/1/10) _____ \$100 second child _____

TERMS OF ENROLLMENT

A deposit of \$200 is required for each camper with this application. Please make check or money order payable to the Kings Bay YM-YWHA. All fees must be paid by June 1, 2010. A service charge of \$75.00 will be assessed for cancellation up to this date. After June 1st there will be no refunds made.

MEDICALS: A standard Dept. of Health medical form, issued by the Preschool Office, must be submitted before day camp begins. Every child must have a form on file. No exceptions will be made.

CONSENT FOR EMERGENCY MEDICAL TREATMENT: I do hereby give authority to the Kings Bay YM-YWHA staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

PLEASE READ AND SIGN THIS AGREEMENT

I give permission to the Kings Bay YM-YWHA, Inc. to take photographs of me and/or my child to be shown in a video, brochure, advertisement, or internet display for purposes of promoting interest in the Kings Bay YM-YWHA.

I release the Kings Bay YM-YWHA, Inc. from any claims resulting from the pictures taken on, before, or after the date of this communication.

I give permission for my child to participate in all camp activities, including off-ground activities, and authorize the Kings Bay YM-YWHA, Inc. to act as parent surrogate on my behalf. I realize that programs are subject to change prior to and during the camp season.

I have carefully read this contract and agree to accept all terms.

DATE: _____ PARENT'S SIGNATURE _____ DIRECTOR'S SIGNATURE _____

FOR OFFICE USE ONLY

Date _____

Receipt# _____

Membership Exp. Date _____

Deposit Amt. _____

Balance due _____