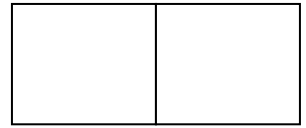


The New Kings Bay YM-YWHA Day Camp
 3495 Nostrand Avenue, Brooklyn, New York 11229
 Tel: 718-648-7703 Ext.223 ♦ Fax: 718-648-0758 ♦ E-Mail: daniel.zeltser@kingsbayv.org



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Kings Bay Y Summer Day Camp

**2011 Day Camp Application (Last Year's Fees)
 Ages 6-15**

Camper's Name _____ Male ___ Female
 Date of Birth _____ Age _____ School _____ Grade in Sept. 2011 _____
 Home Address _____ Apt # _____ Zip _____
 Home Phone _____ Cell Phone _____
 Father's Name _____ Business Phone _____
 Business Name and Address _____
 Mother's Name _____ Business Phone _____
 Business Name and Address _____
 Emergency Name (Other than parent) _____ Phone _____
E-Mail Address _____

T-shirt Size _____ **Extra T-shirts are \$10 per shirt.**

How did you hear about us? Friends Flyer TV Radio Internet

Special Requests (Groupings, etc.):

Please list any allergies that your child has: _____

PLEASE CHECK APPROPRIATE AGE AND SESSION

Discount: Summer 2010 Camp Fees + \$150 OFF! (Offer expires on January 15, 2011)

Offer valid only with an 8 week registration

	<u>Full Session</u>	<u>Session 1</u>	<u>Session 2</u>
	6/29-8/19/11	6/29- 7/22/11	7/26-8/19/11
Division 1: Grades 1 to 3 (Ages 6-8)	<input type="checkbox"/> \$2050	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,250
Division 2: Grades 4 to 6 (Ages 9-11)	<input type="checkbox"/> \$2,190	<input type="checkbox"/> \$1,350	<input type="checkbox"/> \$1,350
Division 3: Grades 7 to 9 (Ages 12-14)	<input type="checkbox"/> \$2,400	<input type="checkbox"/> \$1,450	<input type="checkbox"/> \$1,450
Transportation	<input type="checkbox"/> \$295	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175
Early Drop off (7:45AM)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75
Late Stay Option (4 PM-6:30PM)	<input type="checkbox"/> \$200	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
Combo (Early Drop Off & Late Stay)	<input type="checkbox"/> \$300	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150

***Please note the late stay option is until 6pm on Friday.

** Registration for Transportation ends on June 21, 2011.

* Please note: July 4, 2011 is a National Holiday.

Terms of Agreement

1. A deposit of only \$200 is required for each camper with this application. The deposit will be deducted from the overall prices.
2. Make all checks or money orders payable to the "Kings Bay YM-YWHA".
3. Full payment is due on June 1, 2011.

4. A service charge of \$75 will be made for cancellation up to June 1, 2011, after submission of the summer camp registration packages. No refunds will be issued after June 1, 2011.
5. A standard Department of Health Medical Form must be submitted to the camp by June 1, 2011. No camper may come to camp without a completed Medical form and an Emergency Authorization form.
6. The Kings Bay YM-YWHA is not responsible for any lost, stolen, or damaged property.
7. Due to unstable economic conditions, the Administration of the Kings Bay YM-YWHA reserves the right to add a minimal surcharge to any camp program.
8. If child misses camp due to sickness or family related issues, no make up or refunds may be issued.

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 do hereby give permission for my child to participate in all camp activities and including off-ground activities, and authorize the Kings Bay YM-YWHA, Inc. to act as parent surrogate on my behalf. I realize that itineraries and/or programs are subject to change prior to and during the camp season. I do hereby give authority to the day camp and staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

I have carefully read the contract and other related information and agree to accept all terms.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

<p><u>PARENT INFORMATION STATEMENT</u></p> <p>Kings Bay Y After- Camp <i>(Name of Camp)</i></p> <hr/> <p>3495 Nostrand Avenue Brooklyn, NY 11229 <i>(Address)</i></p> <p>This camp is licensed by the New York City Department of Health and Mental Hygiene and is inspected twice yearly. We operate with a permit granted by The City of New York Department of Health and Mental Hygiene. The inspection reports are filed at the Bureau of Food Safety and Community Sanitation; OFFICE OF WINDOW FALL PREVENTION AND DAY CAMPS NEW YORK, NY 10007</p>

FOR OFFICE USE

MEMBERSHIP FEE _____ DATE _____ RECEIPT # _____ AMT. PAID _____

FULL CAMP FEE _____ DATE _____ RECEIPT # _____ AMT. PAID _____

PARTIAL PAYMENTS

DATE _____	RECEIPT # _____	AMT. PAID _____
DATE _____	RECEIPT # _____	AMT. PAID _____
DATE _____	RECEIPT # _____	AMT. PAID _____
DATE _____	RECEIPT # _____	AMT. PAID _____

REMARKS:

OFFICE STAFF SIGNATURE _____