

Kings Bay YM-YWHA, Inc. Day Camp
3495 Nostrand Avenue Brooklyn NY 11229
Tel: 718-648-7703 x223 ♦ Fax: 718-648-0758 ♦ E-Mail: daniel.zeltser@kingsbay.org



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Kings Bay Y Basketball Camp
Application for 2012 Camp Season
(Ages 8-15 only)

Camper's Name _____ Male ___ Female
 Date of Birth _____ Age _____ School _____ Grade in Sept. 2012 _____
 Home Address _____ Apt # _____ Zip _____
 Home Phone _____ Cell Phone _____
 Parent/Guardian Name (1) _____ Daytime Phone _____
 Business Name and Address _____
 Parent/Guardian Name (2) _____ Daytime Phone _____
 Business Name and Address _____
 Emergency Name (other than parent) _____ Phone _____
 E-Mail Address _____
 T-shirt size (for camp T shirt) _____ *Note: Extra T-shirts are \$10 each.*

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

Special Requests (grouping with friends, etc):

Please list any allergies that your child has or dietary restrictions:

BASKETBALL CAMP FEES

Register Before March 1, 2012 receive \$125 OFF
 Register Before May 1, 2012 receive \$75 OFF
 Sibling Discount: \$50, Bring-A-Friend Discount: \$50
 Discounts Valid Only With an 8 Week Registration

Full Summer: June 28-August 17
Session 1: June 28-July 20
Session 2: July 23-August 17
(please check appropriate selections below)

	<input type="checkbox"/> Full Summer	Session <input type="checkbox"/> 1 or <input type="checkbox"/> 2	<input type="checkbox"/> 2 weeks	<input type="checkbox"/> 1 week
Base Tuition (8:30a-5:15p)	<input type="checkbox"/> \$2,700	<input type="checkbox"/> \$1,400	<input type="checkbox"/> \$800	<input type="checkbox"/> \$450
+ Transportation Fee (Door to Door)	<input type="checkbox"/> \$295	<input type="checkbox"/> \$175		
+ Transportation Fee (Bus Stop)	<input type="checkbox"/> \$245	<input type="checkbox"/> \$155		
+ Early Drop off (7:45am)	<input type="checkbox"/> \$160	<input type="checkbox"/> \$90	<input type="checkbox"/> \$50	<input type="checkbox"/> \$30
+ Late Stay (until 6:30pm)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$80	<input type="checkbox"/> \$45	<input type="checkbox"/> \$35
+ Combo (Early Drop Off & Late Stay)	<input type="checkbox"/> \$260	<input type="checkbox"/> \$140	<input type="checkbox"/> \$70	<input type="checkbox"/> \$45

EXTENDED CAMP FEES

	<u>Full Session</u>	<u>Week 1 Only</u>	<u>Week 2 Only</u>
	August 20-August 31	August 20-August 14	August 27-August 31
Base tuition (8:30a-4:15p)	<input type="checkbox"/> \$560	<input type="checkbox"/> \$310	<input type="checkbox"/> \$310
+ Early Drop off (7:45am)	<input type="checkbox"/> \$45	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25
+ Late Stay (until 6:30pm)	<input type="checkbox"/> \$55	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30
+ Combo (Early Drop Off & Late Stay)	<input type="checkbox"/> \$75	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40

Important Notes, Terms and Conditions:

1. Late stay option is only available until 6pm on Fridays.
2. Registration for Transportation ends on June 15, 2012
3. July 4, 2012 is a National Holiday. Camp is not in session on this date.
4. A deposit of \$200 is required for each camper with this application. The deposit will be deducted from the final cost.
5. All checks or money orders should be made payable to the "Kings Bay YM-YWHA."
6. Full payment is due by June 1, 2012.
7. No payment plans will be issued.
8. A service charge of \$75 will be deducted for cancellations following submission of the registration packages but prior to June 1, 2012.
9. No refunds will be issued after June 1, 2012.
10. A standard Department of Health Medical Form must be submitted to the camp by June 1, 2012. No camper may attend camp without the completed Medical Form and Emergency Authorization Form.
11. The Kings Bay YM-YWHA is not responsible for any lost, stolen or damaged property.
12. The Kings Bay YM-YWHA reserves the right to add surcharges to any camp program.
13. No makeups or refunds will be issued for days missed.
14. Campers will be charged a rate of \$1 per minute for late pick-ups.
15. Specialty camps are not eligible for scholarships.

I hereby 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, including off-ground activities. I 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 as set forth above.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

PARENT INFORMATION STATEMENT

**Kings Bay Y Basketball Camp
3495 Nostrand Avenue Brooklyn, NY 11229**

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 with the Bureau of Food Safety and Community Sanitation
OFFICE OF WINDOW FALL PREVENTION AND DAY CAMPS
NEW YORK, NY 10007

FOR OFFICE USE ONLY

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: _____

Non-Discrimination Statement: Kings Bay YM-YWHA does not discriminate any person on the basis of race, color, religion, sex, gender identity or expression, sexual orientation, national origin, age, disability, marital status, family status or any other characteristic protected by Federal and State laws. Kings Bay YM-YWHA will make reasonable accommodations in compliance with the Americans with Disabilities Act of 1990. To file a complaint of discrimination, write Office for Civil Rights, U.S. DHHS 26 Federal Plaza - Suite 3313 New York, NY 10278 (212) 264-3313; (212) 264-2355 (TDD); (212) 264-3039 FAX