

REGISTRATION FORM



Camper _____ Male _____ Female _____

Birth Date _____ Family Email Address _____

Name of Parent _____

Address _____

Telephone (H) _____ (C) _____ (W) _____

Toilet Trained? _____ Allergies/Medications? _____

Nursery Schools Attended _____

Emergency Contact 1 _____

2 _____

Doctor _____ # _____

Please tell us a little about your child:

Please register my child for: _____ Six weeks at \$1950

_____ Pre-season special of \$1800. (requires full payment by Feb. 20)

_____ Three days a week at \$1375. (pre-season special does not apply)

_____ "BIG KID" (entering kindergarten) early bird special of \$1375.

Other _____

As per demand, we will offer extended days from 12:30 until 2:00 @ \$125 for 5 sessions.

Please indicate the day/days you ARE or MAY BE interested in.

ARE: M _____ T _____ W _____ TH _____ MAY BE: M _____ T _____ W _____ TH _____

If possible, I would prefer my child to be grouped with:

Enclosed is the: _____ pre-season payment of \$1800 (in full by February 20th)

_____ "BIG KID" pre-season payment of \$1375(in full by February 20th)

_____ deposit of \$900

_____ other

Payment should be sent to: Deena Goldsmith
24 Lewis Road
Irvington, New York 10533

