



**SUMMER DAY CAMP REGISTRATION 2018**  
**Register Early to Ensure Acceptance In Our Camp Program**

Camper's Name: \_\_\_\_\_ Age on 6/26/18 \_\_\_\_\_  
 Address: \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Parent Cell #: \_\_\_\_\_  
 Emergency #'s: \_\_\_\_\_ e-mail address: \_\_\_\_\_  
 Work #'s: \_\_\_\_\_  
 (parent/guardian)

**RETURNING CAMPERS** - Former campers and individuals participating in any of our year-round programs may use this portion of the form for registration. Feel free to call and discuss your son/daughter's placement with our Camp Director.

Registration is accepted upon receipt of:

This registration form -- An updated Physicians Authorization (enclosed) -- Deposit (balance due by June 11<sup>th</sup>).

Residents of the North East district enjoy a registration priority period until May 31, 2018. Upon receipt of registration, non-residents will be placed on a waiting list that will be activated as of June 1, 2018. Registration after June 12th is subject to a \$75 late registration fee. All campers must pay for the full 6-week session.



Program	Fee	Deposit Required	Shirt Size Needed	Enclosed
<b>Camp Fee:</b>	\$725	\$400		
<b>Late Fee after 6/12/18</b>	\$ 75			
<b>Shirt Size: Children</b>	S/M			
<b>Adult</b>	S/M/L/XL			
<b>Credit Card Charges (Fill Out Back of Sheet) \$5.00/service charge</b>			\$5.00	
			<b>Total Enclosed:</b>	\$

**Balance Due 6/11/2018**      **Late Registration fee after 6/12/18 ( \$75)** \_\_\_\_\_  
 (Your son/daughter will not be officially registered until all paperwork is in and the deposit is received.)

\_\_\_\_ Please send me scholarship information.      \_\_\_\_ Please send me a Payment Plan Application.

**NEW CAMPERS** - We become familiar with a new camper through the Registration Information Packet and a personal meeting. Please complete this registration form and we will contact you to arrange an intake interview. During this meeting, your son/daughter's placement will be planned. Please send your deposit once the interview is completed.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 (parent/guardian) (work/home)

Camper's School and Class: \_\_\_\_\_ Teacher: \_\_\_\_\_

**PARENT'S AUTHORIZATION**

(Please do not cross out any portion of this authorization. This statement must be approved in its entirety). The information in this application is correct as far as I know. The applicant has permission to take part in all North East Westchester Special Recreation, Inc. activities, to include swimming, as noted by me or by the examining physician. I understand that every attempt will be made to contact me in case of an emergency. In the event I cannot be reached, I give consent to emergency transportation, X-rays, medical treatment(s), surgery or dental care for above applicant. I agree to assume responsibility for charges so incurred. I give North East Westchester Special Recreation, Inc. permission to have access to school or work records. (All information will remain confidential). I understand that photographs/videos taken at North East may be used by the agency for promotional purposes and documentation of specific activities.

I understand that North East staff will discuss my son/daughter's placement with me; however the final decision for placement will be made by North East.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Parent/Guardian Signature)

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_