



North East Westchester Special Recreation, Inc.

63 Bradhurst Avenue
Hawthorne, NY 10532
Phone: 914-347-4409 | Fax: 914-347-5054
www.northeastsspecialrec.org

Summer Day Camp Registration 2021

Register Early to Ensure Acceptance in our Camp Program.

Submission of this form does not ensure placement, you will be contacted prior to camp upon acceptance. New campers must arrange an intake prior to registration.

| | | | | |
|-------------------|-----------|---|--------------------------|-------|
| First Name | Last Name | Municipality | | |
| Address | City | State | Zip | |
| School | Birthdate | T-Shirt Size (Check) Youth S M Adult S M L XL | Age (as of 6/24/2021) | Grade |
| Home Phone | Email 1 | Email 2 | | |
| Parent/Guardian 1 | Cell # | Work # | | |
| Parent/Guardian 2 | Cell # | Work # | | |

| North East Westchester Special Recreation 2021 Summer Camp | |
|---|--|
| Monday – Friday 9am – 3pm | June 28th – August 6th Off: Monday, July 5 th |
| In-District <i>On or Off-Waiver</i> | 6 Weeks \$735 |
| Out-of-District <i>On-Waiver</i> | 6 Weeks \$735 |
| Out-of-District <i>Off-Waiver</i> | 6 Weeks \$1,200 |

**Payment is due in full by 6/24/21, Program activities subject to change. All additional forms must be returned prior to 6/24/2021*

Enclosed is my **Deposit** of \$400

Enclosed is my **Full Payment**

Please charge my credit card (this includes an additional \$5 service charge):

MasterCard

Visa

Name: _____

Card No. _____

Exp. Date ____/____/____

CVV Code _____

Zip Code _____

Please make checks payable to: **North East Westchester Special Rec** 63 Bradhurst Ave, Hawthorne NY 10532

Check Number _____ Amount _____

(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 child's placement with me; however, the final decision for placement will be made by North East.

I accept and acknowledge that my electronic signature is valid and I agree to the terms above.

Parent/Guardian Signature

Date

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