



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 2022
Register Early to Ensure Acceptance in our Camp Program

First Name	Last Name	Municipality		
Address	City	State	Zip	
School	Birthdate	T-Shirt Size <i>(Circle)</i> Youth S M Adult S M L XL	Age <i>(as of 6/27/2022)</i>	Grade
Home Phone	Email 1	Email 2		
Parent/Guardian 1	Cell #	Work #		
Parent/Guardian 2	Cell #	Work #		

North East Westchester Special Recreation 2022 Summer Camp	
Monday – Friday 9am – 3pm	June 27th – August 5th Off: Monday, July 4 th
In-District <i>On or Off-Waiver</i>	6 Weeks \$750
Out-of-District <i>On-Waiver</i>	6 Weeks \$750
Out-of-District <i>Off-Waiver</i>	6 Weeks \$1,250

**Payment is due in full by 6/24/22, Program activities subject to change. All additional forms must be returned prior to 6/24/2022*

Enclosed is my **Deposit** of \$400
 Enclosed is my **Full Payment**
Please charge my credit card *(this includes a 2.5% surcharge)*: 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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