



North East Westchester Special Recreation, Inc.

63 Bradhurst Avenue

Hawthorne, NY 10532

Phone: 914-347-4409 | Fax: 914-347-5054

Office@NorthEastSpecialRec.org

www.northeastsspecialrec.org

Summer Day Camp Registration 2024

Register Early to Ensure Acceptance in our Camp Program

First Name	Last Name	Municipality		
Address	City	State	Zip	
School	Birthdate	T-Shirt Size (Circle) Youth S M Adult S M L XL	Age (as of 7/01/2024)	Grade
Home Phone	Email 1	Email 2		
Parent/Guardian 1	Cell #	Work #		
Parent/Guardian 2	Cell #	Work #		

North East Westchester Special Recreation 2024 Summer Camp				
Monday – Friday 9am – 3pm	July 1 st – August 9 th Off: Thursday, July 4 th (Please check appropriate box for registration)		Transportation (Please check box if you'll be using transportation) Provided to and from camp from central pickup locations, you must let us know if you're planning on using transportation	
In-District On-Waiver	<input type="checkbox"/>	6 Weeks \$750	<input type="checkbox"/>	Transportation \$0 *funded through waiver*
In-District Off-Waiver	<input type="checkbox"/>	6 Weeks \$750	<input type="checkbox"/>	Transportation \$200
Out-of-District On-Waiver	<input type="checkbox"/>	6 Weeks \$750	<input type="checkbox"/>	Transportation \$0 *funded through waiver*
Out-of-District Off-Waiver	<input type="checkbox"/>	6 Weeks \$2,250	<input type="checkbox"/>	Transportation \$200

*Payment is due in full by 7/01/24, Program activities subject to change. All additional forms must be returned prior to 6/27/2024

☐ 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