



25 Store Hill Rd., Old Westbury, NY 11568
 Phone: (516) 626-9268 Fax: (516) 626-7914
 www.oldwestburysummercamp.org

Registration Form 2019

Referral Program: Only NEW families need to complete.
 I was referred to camp by: _____

Child's Name _____ Date of Birth _____ Gr. in Sept. _____ Boy _____ Girl _____

Address: _____ Town _____ State _____ Zip _____ Home Phone: _____

Mother's Name: _____ Father's Name: _____

Mother: work # _____ cell # _____ Father: work # _____ cell # _____

E-mail address (mandatory) _____

The camp will be CLOSED Thursday, July 4th!

Deposit: \$250.00 per child with registration form refundable until April 16, 2019.

Sibling Discount: One child full price; additional children in family receive 15% off their registration.

Active Military/Hospital Employee Discount: 10% off registration fee (bus/equestrian excluded). **Copy of ID must be attached to registration.**

Grade 3 through Gr. 10: 5 full days 9:00am-4:00pm						
	Select Program →		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
↓	Select Session	Weeks	Gr. 3 - 8	Gr. 5 - 8 Wanderer	Gr. 7 - 8 CIT-A Wanderer	Gr. 9 - 10 CIT-B
<input type="checkbox"/>	Session I	6/24 & 7/01	\$ 1,705.00	\$ 1,930.00	\$ 1,310.00	\$ 975.00
<input type="checkbox"/>	Session II	7/08 & 7/15	1,785.00	2,035.00	1,365.00	1,023.00
<input type="checkbox"/>	Session III	7/22 & 7/29	1,785.00	2,035.00	1,365.00	1,023.00
<input type="checkbox"/>	Session IV	8/05 & 8/12	1,785.00	2,035.00	1,365.00	1,023.00
	6 week discount →→→		5,115.00	5,730.00	3,810.00	2,985.00
	8 week discount →→→		6,195.00	6,820.00	4,950.00	3,570.00

Nursery through Gr.2: 2-5 Full Days 9:00am-4:00pm						
Circle Days: M - Tu - W - Th - F						
	Select Program →		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
↓	Select Session	Weeks	Two Full	Three Full	Four Full	Five Full
<input type="checkbox"/>	Session I	6/24 & 7/01	\$ 855.00	\$ 1,250.00	\$ 1,535.00	\$1,705.00
<input type="checkbox"/>	Session II	7/08 & 7/15	855.00	1,250.00	1,535.00	1,785.00
<input type="checkbox"/>	Session III	7/22 & 7/29	855.00	1,250.00	1,535.00	1,785.00
<input type="checkbox"/>	Session IV	8/05 & 8/12	855.00	1,250.00	1,535.00	1,785.00
	6 week discount →→→		2,410.00	3,520.00	4,435.00	5,115.00
	8 week discount →→→		3,255.00	4,600.00	5,515.00	6,195.00

<input type="checkbox"/> Nursery through Gr. 2 2-5 Mini Days: 9:00am-12:30pm; includes lunch/swim Tiny Tots program available - 2 yrs. old (by 7/1/19) to 3 yrs. old (separate registration form on website)						
Circle Days: M - Tu - W - Th - F						
	Select Program →		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
↓	Select Session	Weeks	Two Mini-day	Three Mini-day	Four Mini-day	Five Mini-day
<input type="checkbox"/>	Session I	6/24 & 7/02	\$ 540.00	\$ 775.00	\$ 995.00	\$1,190.00
<input type="checkbox"/>	Session II	7/08 & 7/15	540.00	775.00	995.00	1,250.00
<input type="checkbox"/>	Session III	7/22 & 7/29	540.00	775.00	995.00	1,250.00
<input type="checkbox"/>	Session IV	8/05 & 8/12	540.00	775.00	995.00	1,250.00
	6 week discount →→→		1,505.00	2,245.00	2,840.00	3,520.00
	8 week discount →→→		1,905.00	2,865.00	3,690.00	4,540.00

(See back for Busing, Payment options, Terms & Conditions, Photo consent & Signature)



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Busing: (no bus available at 12:30 p.m.) Circle price in row of your zone (zone info in brochure)

	<u>SI</u>	<u>SII</u>	<u>SIII</u>	<u>SIV</u>	<u>6 Wks.</u>	<u>8 Wks.</u>
Zone 1	\$280	\$305	\$305	\$305	\$855	\$1,115
Zone 2	370	395	395	395	1,115	1,445
Zone 3	395	420	420	420	1,200	1,555
Zone 4	455	480	480	480	1,385	1,795

- 1st Child—full price Siblings-25% discount
- One-Way (half price) No sibling discount
_____ a.m. or _____ 4:00 p.m.
- No per diem pricing

If requesting pick-up/drop off from a different address than home, write in address to be used. Indicate am and/or pm.

Once the transportation company makes up the routes for a session (1 week before session) we will not be able to refund for cancellations

Payment Options:

I am currently Active Military/Hospital Employee. I have attached my ID.

Amount to be charged \$ _____ Master Card Visa American Express

Charge: Card Number: _____ Exp Date: _____ Zip code: _____

Name on card: _____ Signature: _____

Check: Enclosed is my check made payable to "Old Westbury Summer Camp" in the amount of \$ _____.

Cash: Enclosed is cash in the amount of \$ _____.

Terms and Conditions

Please read the following items carefully and sign this contract on the line provided:

- I understand campers enrolled in the Nursery program (age 3) must be potty trained when they begin camp. If not, they may enroll in the Toddler group until trained and then switch to older group.
- I understand only sessions paid in full will guarantee my child's spot.
- I understand my child may not attend a camp session until payment in full is received. If paying by check, payment must be submitted 10 days prior to the start of the session attending.
- I understand cancellations and/or changes in registration must be in writing.
- I understand that should it be necessary to change enrollment or withdraw from the Summer Program up to and including May 15th a full refund will be given, minus the deposit. Up to and including June 1st a 50% refund is given, minus the deposit. After June 1st the undersigned shall not be released from the obligation of paying the full tuition. No refund for absences is given.
- I understand The Old Westbury Summer Camp reserves the right to terminate a child's enrollment for any reason consistent with the needs of the camp. In the event of such termination, refund of tuition will be made on a prorated basis.
- I understand completed medical and emergency forms must be on file at the Old Westbury Summer Camp prior to my child attending his/her first day of camp.
- I hereby give permission for photographs of my child to be used for future brochures, calendars, newspapers, on your website, or other promotional advertisements. (I do not want photos of my child used.)

Parent/Guardian Signature: _____ **Date:** _____

My child would like to be placed in the same group as: _____