

ARDSLEY DAY CAMP APPLICATION 2020-Jet Setters (K-2)

Return to: Ardsley Day Camp-700 Ashford Ave.-Ardsley, NY 10502

For Official Use Only

Camper's Name (last/first): _____

Group: _____

Camper's address: _____

Date Received: _____

Sex: _____ Age today: _____ Date of Birth: _____ Grade: _____

Camp Fee: _____

Camp Attendance:

- | | | |
|--|--|---|
| <input type="checkbox"/> Week One (6/29-7/2) | <input type="checkbox"/> Week Two (7/6-7/10) | <input type="checkbox"/> Week Three (7/13-7/17) |
| <input type="checkbox"/> Week Four (7/20-7/24) | <input type="checkbox"/> Week Five (7/27-7/31) | <input type="checkbox"/> Week Six (8/3-8/7) |

Agreement: I hereby enroll my child for the 2020 camp season. A deposit of half the registration fee is required with this form to complete registration. There are no refunds once camp is in session. **Camp registration closes on June 5, 2020. PICTURES:** I grant permission for photographs/videos to be taken of my child. Ardsley Day Camp has the right to utilize these photographs in camp brochures and display material. **POOL:** My child has permission to swim in the Ardsley Day Camp pool located at Ardsley Middle School during the camp season.

Guardian's signature: _____ Date: _____

Print Guardian name: _____

Work phone: _____ Home phone: _____

Cell phone: _____ Alternate number: _____

Email: _____

EMERGENCY CONTACT INFORMATION: (If parents can't be reached)

Name/Relationship: _____ Phone: _____ Cell: _____

HEALTH INFORMATION: Name of Pediatrician: _____ Phone: _____

Does the camper have any current health conditions requiring medication, treatment, special restrictions or consideration at camp? _____ (If yes, please complete the medical release form on the web site). Does camper have a history of allergy, severe injury, or past medical treatment? _____

IMMUNIZATIONS: NON-ARDSLEY CAMPERS MUST ATTACH A COPY OF IMMUNIZATION RECORDS.

PARENT'S AUTHORIZATION: In case of injury I give permission for my child to be taken to a hospital for treatment to include evaluation of injuries, x-rays, and any needed care. The health history above is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed camp activities except as noted by the child's physician and/or parent.

Signature: _____ Date: _____

ARDSLEYDAYCAMP.ORG

Registration requires a 50% deposit with the balance due on or before February 25, 2020

6 weeks	5 weeks	4 weeks	3 weeks	2 weeks	1 week
\$2700	\$2400	\$2100	\$1725	\$1200	\$650

*****Rates increase \$250 on February 25, 2020*****

Adding weeks after camp is in session is subject to availability

ADC Registration closes on June 5, 2020

ADC camp day: Drop off: 8:45-9 am Pick up: 3:45-4 pm

REGISTRATION NOTES:

- In order to register for camp we must receive the completed registration form and a 50% deposit.
- The deposit/tuition is refundable (less the \$200 registration fee) until May 5, 2020.
- There is a \$200 sibling discount (after the first registration and when both campers are registered for a minimum of three weeks).
- Ardasley Day Camp offers an early morning drop-off program. Campers may be dropped off each day at 8 am for \$10/day. In order to participate in the early drop-off program campers must register and pay for the entire week in advance.
- Applications received after June 5, 2020 will be placed on a waiting list. If there is space available in the group (based on Westchester County Board of Health staffing requirements) you will be notified. Applicants on the waiting list will be processed in the order they are received. There is no guarantee of availability.