

# ARDSLEY DAY CAMP APPLICATION 2020-NAVIGATOR (5-6)

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
\$2800	\$2500	\$2200	\$1825	\$1300	\$750

**\*\*\*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% tuition deposit.

Applications for camp received after June 5, 2020 will be placed on a waiting list. If there is space in the group (based on Board of Health staffing requirements) registration will be allowed on a weekly basis. Applications on the wait list will be processed in the order they are received. There is no guarantee of availability.

Ardsley Day Camp offers an early morning drop off. 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.

\*Deposit/Tuition is refundable (less \$200 registration fee) until May 5, 2020

### **Navigator Trips**

Week 1: Grand Prix Racing and Bowling

Week 2: Rye Playland

Week 3: Castle Fun Center

Week 4: Boundless Adventure

Week 5: Spins Hudson

Week 6: Rockin' Jump

\*Trips are subject to change.