

ARDSLEY DAY CAMP APPLICATION 2019-Wanderers (prek)

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

Camper's Name (last/first): _____

Camper's address: _____

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

For Official Use Only

Group: _____

Date Received: _____

Camp Fee: _____

Camp Attendance: There is a two week minimum registration for Ardsley Day Camp

- | | | |
|--|---|---|
| <input type="checkbox"/> Week One (7/1-7/5) | <input type="checkbox"/> Week Two (7/8-7/12) | <input type="checkbox"/> Week Three (7/15-7/19) |
| <input type="checkbox"/> Week Four (7/22-7/26) | <input type="checkbox"/> Week Five (7/29-8/2) | <input type="checkbox"/> Week Six (8/5-8/9) |

Agreement: I hereby enroll my child for the 2019 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 14, 2019. 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, balance due before June 14, 2019

6 weeks	5 weeks	4 weeks	3 weeks	2 weeks
\$1,200	\$1,050	\$900	\$750	\$600
Adding additional weeks after camp is in session=\$200 (subject to availability)				

ADC Registration closes on June 14, 2019

ADC camp day: Drop off: 8:45 am-9 am

Pick up: 1:45 am-2 pm

Campers may extend the camp day to 4 pm for \$100/week

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.