

PERMISSION TO SHARE PHONE NUMBER I do I do not

give Summer Studios permission to share my phone number for play arrangements, carpooling and group lists.

Parent's Signature _____ Date _____

FRIENDSHIP REQUEST

Requests will be honored only if possible, but are not guaranteed. The request must be mutual (the child named must request your child). It is understood that the children are near in age and grade.

I wish my child to be in the same group as _____

How did you hear about Summer Studios? _____

TUITION

Please indicate when your child will be attending camp and enter the appropriate tuition(s) at right.

There is a \$100 discount for each additional child's tuition (for full program enrollments only).

Additional weeks may be added after the initial commitment for \$550 per week.

Full Program, July 6–30: \$2,000 _____

Week 1, July 6–9: \$440 _____

Week 2, July 12–16: \$550 _____

Week 3, July 19–23: \$550 _____

Week 4, July 26–30: \$550 _____

Payment Schedule: A \$300 deposit is due with submission of this application — by April 1.

The balance is due by May 1.

Refund Policy: \$200 of the deposit is refundable until May 1, after which there are no refunds.

EXTENDED HOURS

Before-Camp Care (7:30 – 9:00 am): \$15.00 / day x _____
NUMBER OF DAYS

After-Camp Care (4:00 – 5:30 pm): \$15.00 / day x _____
NUMBER OF DAYS

Summer Studios is licensed by the New York State Department of Health.

Copies of the inspection are filed with the Rockland County Health department in Pomona, New York.