



606 Columbus Ave, New York, NY 10024 - (212)721-0090

SUMMER CAMP REGISTRATION FORM

Child's Name (Last, First) _____ DOB _____ M F

Home Address _____ Apt _____ City _____ State _____ Zip _____

Home Phone _____ Email _____

Known allergies / Physical limitations _____

Parent #1 Name _____ Home Phone _____ Cell/Work Phone _____

Parent #2 Name _____ Home Phone _____ Cell/Work Phone _____

Emergency Contact Name _____ Relation _____

Home Phone _____ Work Phone _____

Adult(s) and/or person(s) authorized to pick up child: _____

Has your child been in a separation program before? Where? _____

Is your child currently enrolled in school? Where? _____

Select session(s) for registration:

Session ONE Session TWO Session THREE Session FOUR

Add Additional Weeks (individually):

Circle One Age Range:

Age 2.0 - 3.0	Age 3.1 - 4.0	Age 3.1 - 4.0	Age 4.0 - 5.6
T/W/Th 9am-12pm	T- F 9am-1pm	M- F 9am-1pm	M-F 9am-3pm

* NON-REFUNDABLE DEPOSIT OF \$500 IS NON-REFUNDABLE AND NON-TRANSFERABLE.

*Total Fee \$ _____
(No refunds after 1st week, Refunds will be pro-rated)

PAYMENT METHOD Amex MasterCard Visa Check (enclosed with registration)

Credit Card Number

Expiration Date

Name (as it appears on card):

Print _____ Signature _____ Date _____

*Please make checks payable to: Columbus Pre-School and mail to: 606 Columbus Ave, NY, NY 10024

I understand and comply with the rules and regulations described on this page.

Signature _____ Date _____

PHOTO RELEASE:

I authorize that Columbus Pre School and Gym has the right to use all photographs or videos taken of my child or me during camp/leagues/classes, etc. for advertising or promotional material.

MEDICAL RELEASE AND ASSUMPTION OF RISK:

I certify that this enrollee has no condition that prohibits full participation in activities at Columbus Gym. I assume all ordinary risks when using the facilities and hereby release Columbus Gym, or any of its instructors, employees for any injury or damage suffered in connection with said use of the aforementioned equipment, instructors and facilities. In case of emergency and I (the undersigned) cannot be reached, I authorize Columbus Gym, its agents and employees to contact and secure if necessary medical attention for my child.

FOR OFFICE USE ONLY

Date Received _____ Received By _____

Date Processed _____ Processed By _____

Check One Check C.C. Total Amount Paid \$ _____

Refund applied for multiple classes or sibling: Y N

Amount of refund applied \$ _____

Additional Information _____
