



SUMMER CAMP REGISTRATION/INFO FORM

606 Columbus Ave, NY, NY 10024
phone (212) 721-0090, fax (212) 721-0091
www.columbuspre-school.com

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

Home Address (St, Apt, City, State, Zip) _____

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

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

Email #1 _____ Email #2 _____

Emergency Contact/Relation _____ Phone _____

Adult(s) and/or person(s) authorized to pick up child (other than parents and emergency contact):

Name/Relation	Phone Number

Known allergies/physical limitations:

Does your child have special needs or receive any related services?

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

Is your child currently enrolled in school? Where?

How did you hear about Columbus Pre-School?

Select program:

2s T/W/Th 9am-12pm	Younger 3s M-Th 9am-1pm	Older 3s M-F 9am-1pm	4s/5s M-F 9am-2:30pm
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Select weeks you'd like to enroll:

<input type="checkbox"/> Week 1 (6/8-6/12)	<input type="checkbox"/> Week 5 (7/6-7/10)	<input type="checkbox"/> Week 9 (8/3-8/7)
<input type="checkbox"/> Week 2 (6/15-6/19)	<input type="checkbox"/> Week 6 (7/13-7/17)	<input type="checkbox"/> Week 10 (8/10-8/14)
<input type="checkbox"/> Week 3 (6/22-6/26)	<input type="checkbox"/> Week 7 (7/20-7/24)	<input type="checkbox"/> Week 11 (8/17-8/21)
<input type="checkbox"/> Week 4 (6/29-7/2)*	<input type="checkbox"/> Week 8 (7/27-7/31)	<input type="checkbox"/> Week 12 (8/24-8/28)

*Columbus Pre-School will be closed on Friday, July 3rd. The prices for this week will be pro-rated accordingly.

Optional swimming for 5-day campers (Please check): _____

Scheduling Options/Pricing				
Program Dates/Ages	T/W/Th 9am-12pm 2s	M-Th 9am-1pm Younger 3s	M-F 9am-1pm Older 3s	M-F 9am-2:30pm 4s/5s
Weekly Rate	\$375	\$600	\$675	\$750

Swimming for 5-day campers: \$35 per week. You must enroll for all of your registered weeks.

Please return this form with your non-refundable, non-transferable deposit. The deposit is applied to your total camp dues. You may pay up to the entire enrollment via credit card at this time. All unpaid balances after this initial deposit must be paid by check, cash, or money order.

Deposit: Equal to one week of camp.

Balance: You will receive an invoice for the balance of your camp dues before camp begins, which must be paid by check, cash, or money order.

PAYMENT AMOUNT Deposit/One week of camp Pay in full

PAYMENT METHOD MasterCard Visa Check

Credit Card Number

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CVV

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Expiration Date

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Name (as it appears on card):

Print _____ Signature _____ Date _____

*Please make checks payable to **Columbus Townhouse Nursery, Inc.** and mail to 606 Columbus Ave, NY, NY 10024

ATTENDANCE/REFUND POLICY

Price will not be pro-rated based on day/time attendance. I acknowledge there are no make-up allowances for absences, planned or unplanned. Pro-rated refunds will be granted, less deposit, until the end of the first week of camp. No refunds will be granted after the first week of camp. Scheduled changes will be accommodated up to 14 days in advance, subject to availability.

Please initial _____

PHOTO RELEASE

I understand that teachers will be taking photographs and videos of the children during camp. These photos may be displayed on school bulletin boards or in the newsletter. A photo or video may be included in a brochure, advertising websites affiliated with the Columbus Pre-School, or on the Columbus Pre-School website. I authorize that Columbus Pre-School has the right to use all photographs or videos taken of my child for advertising or promotional material.

SHORT TRIP PERMISSION

I give my permission for my child to participate in class trips in the neighborhood (St Gregory’s School Yard, West Side Community Garden, PS 166 Playground and Central Park). Children in the 2s program will not leave the facility.

MEDICAL RELEASE AND ASSUMPTION OF RISK

I certify that this enrollee has no condition that prohibits full participation in activities at Columbus Pre-School. I assume all ordinary risks when using the facilities and hereby release Columbus Pre-School, 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 Pre-School, its agents and employees to contact and secure if necessary medical attention for my child.

If your child has a prescription epinephrine injector or nebulizer, please provide daily when attending **Please initial _____**

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

Signature _____ Date _____
