

# SUMMER DAY CAMP



Join us for a fun-filled summer at Columbus Pre-School!  
Camp runs weekly from **June 5-Sept 1** for children ages **2.0-5.6**



## What to Expect this Summer

- Exciting weekly themes like our space week "Out of this World" guide creative arts, science, math, cooking, literature and other classroom activities
- Outdoor play on our private, enclosed playground with climbing structures, riding toys, ball sports, building blocks, and a messy art area
- Daily outdoor water play under our overhead sprinklers
- Gymnastics class throughout the week with our certified gymnastics coaches
- Yoga, movement, and music as part of our in-classroom curriculum
- Optional swimming once weekly for Older 3s/4s/5s campers
- Summer program led by our certified early childhood educators and year-round faculty
- All classrooms are brightly filled with natural light, windows, skylights, or both, and are air-conditioned with MERV-13 filtered HVAC for hot summer days
- Weekly registration for families with busy summer plans!

## SAMPLE DAILY CAMP SCHEDULES

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2s Program	
Tues/Wed/Thurs or Mon-Th, 9:00-12:00	
9:00-9:10	Arrival/Meeting
9:10-9:40	Outdoor Play
9:40-10:10	Free Play
10:10-10:35	Snack/Story
10:35-11:05	Outdoor Water Play
11:10-11:40	Gymnastics
11:40-12:00	Closing circle/Dismissal

3s Program	
Mon-Fri, 9:15-1:15	
9:15-9:30	Arrival/Meeting
9:30-10:00	Free Play
10:00-10:30	Outdoor Play
10:30-11:00	Snack
11:00-11:30	Science & Math Games
11:30-12:00	Gymnastics
12:00-12:30	Lunch
12:30-1:00	Outdoor Water Play
1:00-1:15	Closing circle/Dismissal

4s/5s Program	
Mon-Fri, 9:00-3:00	
9:00-10:00	Arrival/Free Play
10:00-10:15	Meeting
10:15-10:45	Outdoor Water Play
10:45-11:15	Snack/Story
11:15-11:45	Loose Parts Exploration/STEM Centers
11:45-12:15	Outdoor Play
12:15-1:00	Lunch/Rest
1:00-1:30	Gymnastics
1:30-2:15	Free Play
2:15-2:45	Outdoor Play
2:45-3:00	Closing circle/Dismissal



# SUMMER CAMP REGISTRATION 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, ST, Zip) \_\_\_\_\_

Parent #1 Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Parent #2 Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Email #1 \_\_\_\_\_ Email #2 \_\_\_\_\_

Emergency Contact/Relation \_\_\_\_\_

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? If currently enrolled in school, where?

How did you hear about Columbus Pre-School?

## PROGRAMS, DATES, AND PRICES

Summer Camp runs for 13 weeks, June 5-September 1

Week 1 (6/5-6/9)	Week 5 (7/3-7/7)**	Week 9 (7/31-8/4)
Week 2 (6/12-6/16)	Week 6 (7/10-7/14)	Week 10 (8/7-8/11)
Week 3 (6/20-6/23)**	Week 7 (7/17-7/21)	Week 11 (8/14-8/18)
Week 4 (6/26-6/30)	Week 8 (7/24-7/28)	Week 12 (8/21-8/25)
		Week 13 (8/28-9/1)

\*\*Camp Closings: 6/19 & 7/4. Prices will be pro-rated accordingly.

All programs: Week 3: Tues-Fri (6/20-6/23), Week 5: (7/3, 7/5-7/7) OR option to omit 7/3

Scheduling Options/Pricing				
Program Dates/Ages	T/W/Th 9:00-12:00 2s*	M-F 9:15-1:15 Younger 3s (3.0-3.6)	M-F 9:15-1:15 Older 3s (3.6+)**	M-F 9:00-3:00 4s/5s**
Weekly Rate	\$425 Add Monday- \$125/week	\$760	\$760	\$950

\*2-week consecutive minimum for the 2s program

\*\*Swimming Optional for **Older** 3s and 4s/5s: \$35/wk. You must register for all weeks attended

Early Drop-off (3s-5s) for all registered weeks/Extended Day (3s-5s)			
Program	M-F, Younger 3s	M-F, Older 3s	M-F, 4s/5s
8:30am drop-off	\$45/wk	\$45/wk	\$30/wk
4:00 pick-up	\$350/wk	\$350/wk	\$125/wk

**Select program (Please note that arrival/dismissal times may vary slightly based on staggered schedules):**

2s	Younger 3s	Older 3s	4s/5s
T/W/Th	M-F	M-F	M-F
9:00-12:00	9:15-1:15	9:15-1:15	9:00-3:00
<i>Check to add</i>			
<i>+Mon __</i>			

**Select sessions you'd like to enroll:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Week 1 (6/5-6/9)    | <input type="checkbox"/> Week 5 (7/3-7/8)** | <input type="checkbox"/> Week 9 (7/31-8/4)   |
| <input type="checkbox"/> Week 2 (6/12-6/16)  | <input type="checkbox"/> Week 6 (7/10-7/14) | <input type="checkbox"/> Week 10 (8/7-8/11)  |
| <input type="checkbox"/> Week 3 (6/20-6/23)* | <input type="checkbox"/> Week 7 (7/17-7/21) | <input type="checkbox"/> Week 11 (8/14-8/18) |
| <input type="checkbox"/> Week 4 (6/26-6/30)  | <input type="checkbox"/> Week 8 (7/24-7/28) | <input type="checkbox"/> Week 12 (8/21-8/25) |
|  |   | <input type="checkbox"/> Week 13 (8/28-9/1)  |

\*Week 2: CLOSED 6/19- 2s camp extra day offered Fri 6/23 (not Mon 6/19); 5-day camp prorated for Tues-Fri

\*\*Week 5: OPEN Mon 7/3, CLOSED 7/4. Camp prorated for Mon, Wed-Fri. Please select to **instead OMIT** Mon, 7/3 \_\_\_\_\_

**OPTIONAL PROGRAMS:**

Please check to register for Early Drop-off, 8:30am (3s, 4s, 5s), for all registered weeks: \_\_\_\_\_

Please check to register for Extended Day, 4:00pm (3s, 4s, 5s), for all registered weeks: \_\_\_\_\_

Please check to register for Swim Class (Older 3s, 4s/5s classes only), \$35/wk, for all registered sessions: \_\_\_\_\_

Please return this form with your non-refundable, non-transferable deposit. Payments may be made by check, money order, cash, Visa, or Master Card. The deposit is applied to your total camp dues. Payments made by credit card will incur a 2.9% convenience fee.

**Deposit:** Equal to one week of camp. (Does not include optional programs if applicable) \$\_\_\_\_\_

**Balance:** You will receive an invoice for the balance of your camp dues before camp begins.

PAYMENT DEPOSIT AMOUNT  One week of camp  Pay in full

PAYMENT METHOD  MasterCard  Visa  Check **Amex not accepted**

Credit Card Number

CVV

Expiration Date (mm/yy)

Name (as it appears on card):

Print \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

\*Please make checks payable to: **Columbus Townhouse Nursery** and mail/deliver to: 606 Columbus Ave, NY, NY 10024

**Please continue to next page for Terms and Policies**

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# TERMS AND POLICIES

## **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 on behalf of the family. 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. Changes will be accommodated up to 14 days in advance, subject to availability. There will be a change fee of \$50/week. Late pick-ups over 10 minutes will be charged \$10 flat fee and \$5/min thereafter.

**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/social media sites 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.

## **EARLY DROP-OFF/EXTENDED DAY**

These programs will run based on minimum/maximum enrollment. Late pick-ups over 10 minutes will be charged \$10 flat fee and \$5/min thereafter.

## **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.

## **COVID POLICIES**

I understand that the school must adhere to local and state guidelines and may enforce its own Covid-related policies, including but not limited to mask-wearing on-site, testing as necessary, and daily health screenings.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

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