



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

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 _____
