



SUMMER CAMP REGISTRATION FORM

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

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

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

Parent #1 Name _____ Phone 1 _____ Phone 2 _____

Parent #2 Name _____ Phone 1 _____ Phone 2 _____

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? If currently enrolled in school, what school?

How did you hear about Columbus Pre-School?

PROGRAMS, DATES & PRICES

Summer Camp runs for 12 weeks, June 9-Aug 29

Week 1 (6/9-6/13)	Week 5 (7/7-7/11)	Week 9 (8/4-8/8)
Week 2 (6/16-6/20)**	Week 6 (7/14-7/18)	Week 10 (8/11-8/15)
Week 3 (6/23-6/27)	Week 7 (7/21-7/25)	Week 11 (8/18-8/22)
Week 4 (6/30-7/3)**	Week 8 (7/28-8/1)	Week 12 (8/25-8/29)

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

Scheduling Options/Pricing				
Program	T/W/Th 9:00-12:00	M-Th 9:15-1:15	M-F 9:15-1:15	M-F 9:00-2:30
Dates/Ages	2s	Older 2s/Young 3s	Older 3s	4s/5s
Weekly Rate	\$500	\$740 Add Fri - \$105/week	\$845	\$950

- 2-week consecutive minimum for the T/W/Th 2s program
- Older 2s/Young 3s is for students who have already attended a FULL separation program

Early Drop-off (Older 2s/Young 3s-5s) for all registered weeks			
Program	M-Th, Older 2s/Young 3s	M-F, 3s	M-F, 4s/5s
8:30am drop-off	\$40/wk	\$55/wk	\$50/wk

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

Age	2s	Older 2s/Young 3s	3s M-F	4s/5s
Days/Times	T/W/Th 9:00-12:00	M-Th 9:15-1:15	M-F 9:15-1:15	M-F 9:00-2:30
Selection (please check)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Add Friday <input type="checkbox"/>		

Select sessions you'd like to enroll (please check):

Week 1 (6/9-6/13) ___ Week 5 (7/7-7/11) ___ Week 9 (8/4-8/8) ___
 Week 2 (6/16-6/20) ___ Week 6 (7/14-7/18) ___ Week 10 (8/11-8/15) ___
 Week 3 (6/23-6/27) ___ Week 7 (7/21-7/25) ___ Week 11 (8/18-8/22) ___
 Week 4 (6/30-7/3) ___ Week 8 (7/28-8/1) ___ Week 12 (8/25-8/29) ___

Please check to add Early Drop-off, 8:30am (Older 2s/Young 3s, 4s, 5s), for all registered weeks: ___

Please return this form with your non-refundable, non-transferable deposit. Payments may be made by check, money order, cash, or ACH. Please write checks/money orders to **Cadence Education** and mail/deliver to 606 Columbus Ave, NY, NY 10024.

The deposit is applied to your total camp dues.

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: Check Money Order ACH Cash

Please continue to the next page for Terms and Policies and ACH Authorization Form

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.

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.

EARLY DROP-OFF

This program will run based on minimum/maximum enrollment. Early drop-off is a mixed age program.

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 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.

PROGRAM DISMISSAL

If it is determined that we are not able to meet a family's needs or expectations, we reserve to permanently dismiss a child from the program, **after** addressing and attempting to remedy issues with the family. Reasons for dismissal include but are not limited to lack of payment, unrealistic expectations of the faculty/program, determination of program not being the right fit for a child, child creating physical danger to other students, failure to disclose learning needs/differences before attendance, lack of ability to follow sickness policies, unwillingness to accept reasonable suggestions and recommendations of faculty.

WELLNESS POLICIES

I understand and will adhere to all wellness policies, including notifying the school of communicable illnesses immediately and keeping my child home when ill.

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

Child's Name _____

Parent Signature _____

Date _____



AUTHORIZATION FOR ACH TRANSFER

I, _____, authorize Cadence Education d/b/a Columbus Pre-School to debit my account for summer camp tuition/fees.

Amount for debit: _____

Please select one: Checking Savings

Account Number	
Routing Number	
Accountholder Name	
Bank Name	
Memo (Optional)	

This authorization is for a single charge, not recurring charges.

Accountholder Signature

Date