

Town of East Greenbush Summer Camp Registration

Please Fill Out Registration Form Completely. All fees and immunization records are due with registration. No spots are guaranteed until full payment has been received.

REGISTRATION DEADLINE IS JUNE 21st

Participant Last Nan	ne:		First Name	:		
Address:						
Age: DOB/_	/_ Grade (enter	ing): Sc	hool:		Male or Female	: M F
Allergies:						
Other Medical Conce	erns:					
Other Concerns: (IE	P, 504, Anxiety, Be	ehavior, etc.)				
Parent's Name						
Email:						
Alternate Emergency	y Name and Relation	onship:				
Alternate Emergency	y Contact Phone N	umber:				_
Please circle the weeks	s the child will be atto	ending:				
SESSIO	on 1 SESSION 2	SESSION 3	SESSION 4	SESSION 5	SESSION 6	
Please Circle:	Full Day	Half Day AM	Half I	Day PM		
After-Care Please Circ	cle: YES	NO				
Bus Transportation:	YES NO					
(Within the Town of East resident there are two de						d not a
Pick Up Address:		•				
Drop Off Address:						
Counselor in Training Pr Is your child 15 and inter		YES	NO			
Swim Permission: We will be travelling each employ our own water sa permission to swim once	afety instructor and life	eguards, and we are				
YES NO						
Photographs: Photographs will be take brochures. If you <u>Do Not</u> child,		included in any pho	otographs, pleas	e complete the f	ollowing: I do not w	

		2020 C	Т.						
		2020 Summer Ca							
		Calculate your to							
CI II I	()	FULL DAY PROGRAM							
Children		How many eks?	(x)Full Day		(=)Total		NEW PAYM		
Child One	we	eks:	Price \$150				*Pay in full	at reg	
Child 2					_		OR		
			\$135				*Pay		
Child 3			\$135			½ at registrati		ation	
Child 4			\$135			Balance due by		e by Ju	
		HALF DAY PR	OGRAI	<u>M</u>			We are no	longer	
How Many	(x) How many		(x)1/2 Day		(=)Total	accept weekly pa		kly pa	
Children	Wee	eks?	Price			Final payments			
Child One			\$100		\$		by July 1 st .		
Child 2			\$90		\$				
Child 3			\$90		\$		Please make checks		
Child 4			\$90		\$				
		AFTERCARE PI	ROGRA	M			The Town o	f East (
How Many	(x) l	How many	(x)Aft	ercare	(=)Total				
Children	wee	ks	Price			Mail regis		tion fo	
			\$75		\$		<u>immunization</u>	forms	
								to	
Total					\$		225 Columbia		
Discount	-		\$		\$		Rensselaer, N		
Total					\$	Т	otal Due		
Full Day Program	n	\$150 /per week o	ne	\$135/wee	ek each sibling	NO	N RESIDENT:	NO	
Tun Day 110gran	11	child		Ψ133/ WCC	ok eden storing		0 /per week one	\$162	
		Cinia				chil		sibli	
Half Day Program		\$100/per week one		\$90/week each sibling			N RESIDENT:	NO	
		child	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8		5/per week one	\$112	
						chil		sibli	
Half Day – 1 Fiel	d	Add \$20.00				1			
Trip									
= r		 				1			

SPECIAL DISCOUNT:

Sign up for all six weeks by May 1st and take \$100 off your total due!! **OFFER EXPIRES MAY 1st**

Fees for Junior and Senior Camp are the same. Please note there is a \$20 returned check fee

For Office Use Only

	Date	Amount	Chk#	Immunization received	Initial
Full Payment					
1/2 Payment					
1/2 Payment					

OPTIONS:

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July 1st

er able to ayments. must be made

ks payable to:

Greenbush

orm, updated s and payment

> **Turnpike** <mark>IY 12144</mark>

2 0 0002		*	20002200	
Full Day Program	\$150 /per week one	\$135/week each sibling	NON RESIDENT:	NON RESIDENT:
	child		\$180 /per week one	\$162/week each
			child	sibling
Half Day Program	\$100/per week one	\$90/week each sibling	NON RESIDENT:	NON RESIDENT:
• 0	child		\$125/per week one	\$112.5/week each
			child	sibling
Half Day – 1 Field	Add \$20.00			
Trip				
Half Day – 2 Field	Add \$40.00			
Trips				
After Care Program	\$75/per week each	(3-5PM)		
	child			