



Summer Play Camp at Blue Rock School

2017 Camper Registration Form

Open Houses with Refreshments and Camp Tour (children welcome)

Saturday, March 11 from 12 - 1:15 pm

Saturday, April 29 from 1 - 2:15 pm

Register by January 15th for \$100 early bird discount!

2017 CAMP SESSION: June 26 – August 4th / Mon – Fri 9:30am– 3:00pm (Four day week available.)

Child's Name _____

Male or Female (check one) AGE _____ D.O.B. _____ Grade entering in the fall _____

Please send \$150 deposit with application - payable to Blue Rock School

5 day week	Mon-Fri	2-3 weeks at \$590 per week	4-5 weeks at \$550 per wk.	6 weeks at \$500 per wk.
4 day week	Mon-Thur	2-3 weeks at \$480 per week	4-5 weeks at \$460 per wk.	6 weeks at \$440 per wk.
		\$50 sibling discount	\$100 sibling discount	\$150 sibling discount

Early drop off at 9am for \$40 per week Add amount here:

Late pick up until 4:30pm \$65 per week Add amount here:

Calculate number of weeks (less the sibling discount) Add amount here:

Total amount here: _____

NAME PARENT #1 _____

HOME PHONE (_____) _____ CELL PHONE (_____) _____

HOME ADDRESS: _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____

NAME PARENT #2 _____

HOME PHONE (_____) _____ CELL PHONE (_____) _____

HOME ADDRESS: _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____

Applications, payment in full, *medical forms and immunization records are required before start of camp - children cannot attend camp until all of these are complete.

***Please note: medical form can be filled out and signed by parents – doctor visit is no longer required.**

CHILD'S PHYSICIAN _____ PHONE _____

ANY ALLERGIES? _____

MEDICAL RELEASE

I hereby give my consent to have limited medical care rendered to my child, _____
in the event of a medical emergency. (Child's full name)

Signature Date

PHOTO RELEASE

I give permission for photos of my child taken during the Summer Play Camp to be used in Camp promotional materials.

Signature Date

EMERGENCY CONTACTS

List at least two people who will assume temporary care for your child during program hours if you cannot be reached:

1. _____
(Name, relationship, and phone)

2. _____
(Name, relationship, and phone)

I authorize any of the above listed adults to pick up my child in the event that I am not available.

Signature Date

Please return no later than April 29 with \$150 deposit made payable to: Blue Rock School

Send to: Summer Play at Blue Rock School, 110 Demarest Mill Road, W. Nyack, NY 10994 or Fax to: 845-627-0208

Questions?

Contact: Camp Director Giti Koenig at (917) 613-3965 or summerplaycamp@bluerockschool.org