



2017 SEEDLINGS SUMMER CAMP REGISTRATION FORM

42 Henry Street Brooklyn, NY 11201

718.222.1849 seedlingslearning@gmail.com www.seedlingslearning.com

Camper Name: _____ D.O.B. _____ Age on 6/12/17: _____

Home Address: _____

Parent (s): _____

Home Phone(s): _____ Cell Phone(s): _____

Email Address(es): _____

People authorized to pick up your child from camp: _____

In case of emergency, if parents cannot be reached, please list an emergency contact:

Emergency Contact _____ Phone: _____ Relationship to child: _____

Allergies / Medical Concerns _____

Health Care Provider and Telephone Number _____

SUMMER CAMP 3 WEEK SESSIONS: (If consecutive weeks are difficult, please contact Tracy.)

SESSION A: June 12-June 30, 2017

SESSION B: July 10-July 28, 2017

SESSION C: July 31-Aug 18, 2017

** (closed July 3-July 7, 2017)

1 WEEK SESSION:

SESSION D: August 21-25, 2017

PRICING FOR 3 WEEK SESSIONS:

8:30AM-11:30AM 3-half day sessions: \$900 4-half day sessions: \$1050 5-half day sessions: \$1250

8:30AM-3:00 PM 3-full day sessions: \$1275 4-full day sessions: \$1425 5-full day sessions: \$1575

PRICING FOR ADD'L 1 WEEK SESSIONS: You may choose Session D, or, dependent on availability, single weeks from Sessions A, B or C.

8:30AM-11:30AM 3-half day sessions: \$325 4-half day sessions: \$375 5-half day sessions: \$425

8:30AM-3:00PM 3-full day sessions: \$450 4-full day sessions: \$495 5-full day sessions: \$550

LUNCH BUNCH: Come join the "lunch bunchers!" You may add an additional hour

-11:30AM-12:30PM- of "lunch bunch" to half day sessions. The children will have an indoor or outdoor picnic and a story/soft music rest time. Don't forget to pack a picnic lunch!

THREE WEEK SESSION(S) SIGN UP

Session	Half or Full Day	# of Days	Cost	Lunch Bunch 3/4/5 days	Cost	Days of Week Request
A	_____	_____	\$ _____	\$198/\$264/\$330	\$ _____	_____
B	_____	_____	\$ _____	\$198/\$264/\$330	\$ _____	_____
C	_____	_____	\$ _____	\$198/\$264/\$330	\$ _____	_____

ADDITIONAL SINGLE WEEK SESSION(S) SIGN UP (NOTE: Please email Tracy at Seedlingslearning@gmail.com to confirm single week availability during sessions A,B,C.)

Week Date	Half or Full Day	# of Days	Cost	Lunch Bunch 3/4/5 days	Cost	Days of Week Request
_____	_____	_____	\$ _____	\$66/\$88/\$110	\$ _____	_____
_____	_____	_____	\$ _____	\$66/\$88/\$110	\$ _____	_____

TOTAL COST: \$ _____ PLEASE SUBMIT CHECK AS PAYMENT, MADE PAYABLE TO: Seedlings
Preschool

50% DEPOSIT DUE TO HOLD SPACE by April 30, 2017 \$ _____ check # _____
BALANCE DUE ON May 15, 2017 \$ _____ check # _____

MEDICAL/IMMUNIZATION FORMS MUST be submitted by JUNE 1, 2017, if we do not already have a current one on file.

CANCELLATION/REFUND POLICY: Cancellations made prior to May 15, 2017 will receive a full refund minus a \$50 cancellation fee. Cancellations made after May 15th will be refunded 50% of the tuition.

I understand Seedlings will first and foremost make every attempt to contact me by telephone in the event of an injury or illness to our child. We understand there is no school nurse or medical personnel. In case of emergency, we hereby give Seedlings permission to administer first aid, or take my child to Presbyterian Children’s Hospital or the nearest emergency room for emergency treatment. I understand Seedlings will also make attempts to contact the child’s pediatrician, or Seedlings pediatrician of choice, Pytlak, O’Conner and Dalton located on Monroe Place in Brooklyn Heights. No suit shall be commenced nor claim made against the Seedlings Academic PlaySchool, and any of its employees, for any injuries sustained by our child on Seedlings premises.

Parent: _____ Date: _____