



2018 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 6/11/18: _____

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 11-June 29, 2018

SESSION B: July 9-July 27, 2018

SESSION C: July 30-Aug 17, 2018

** (closed July 2-July 6, 2018)

1 WEEK SESSION:

SESSION D: August 20-24, 2018

PRICING FOR 3 WEEK SESSIONS:

8:30AM-11:30AM 3-half day sessions: \$950 4-half day sessions: \$1100 5-half day sessions: \$1300

8:30AM-3:00 PM 3-full day sessions: \$1325 4-full day sessions: \$1475 5-full day sessions: \$1625

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: \$475 4-full day sessions: \$550 5-full day sessions: \$600

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 PAYMENT BY CHECK, MADE PAYABLE TO: Seedlings Preschool **OR** direct **Chase QuickPay** payment to: Alitse24@gmail.com.

50% DEPOSIT DUE TO HOLD SPACE by April 29, 2018 \$_____ check # _____
 BALANCE DUE ON May 15, 2018 \$_____ check # _____

MEDICAL/IMMUNIZATION FORMS MUST be submitted by JUNE 1, 2018, if we do not already have a current one on file. We must have this for your child to attend camp.

CANCELLATION/REFUND POLICY: Cancellations made prior to May 15, 2018 will receive a full refund minus a \$100 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: _____