

Mail completed registration & check to:
 Port Washington Children's Center
 232 Main Street
 Port Washington, NY 11050



Phone : (516) 883-4864
 E-mail address: portdaycamp@gmail.com
 Fax completed registration (both sides)
 when using a credit card to:
 Fax: (516) 883-0772

SUMMER 2018 REGISTRATION

Child's First Name:	Child's Last Name:	Date of Birth:	Please Circle: M or F	Grade in Sept. 2018:
Mailing Address:				
Parent/Guardian:		Parent/Guardian:		
Cell #:	Work #:	Cell #:	Work #:	
E-mail:		E-mail		
Program Desired: <input type="checkbox"/> Sound Sailors (PreK-3) <input type="checkbox"/> Bay Buccaneers (4-6)		Please circle size and style. T-Shirt Size: S M L XL Style: Youth or Adult		

FEES

Register and Pay in Full by April 2, 2018

Sound Sailors Half Day PreK Program: Full Session \$1,050; Mini Session \$650
Sound Sailors: Full Session \$1,850; Mini Session \$1,095
Bay Buccaneer: Full Session \$1,950; Mini Session \$1,120

Any application received after April 2nd, 2018 will be deemed a "**late registration**" and incur an additional \$100.00 processing fee.
Transportation cannot be guaranteed for "late registrations".

Enroll a Third Child: Receive a \$50.00 discount when registering three children for a full session and a \$25 discount when registering three children for a mini session with full payment made by April 2, 2018.

REFUNDS: Withdraw prior to May 15, 2018 and receive a full refund minus a non-refundable \$200.00 processing fee. NO REFUNDS AFTER May 15, 2018.

SCHOLARSHIPS: Financial assistance might be available on individual basis. Contact Donna Preminger 516-883-4864 for assistance.

Session Selected:	Full_____ Mini-1_____ Mini-2_____	Cost:	+ \$ _____
Pre-K camper—mornings only:	Full_____ Mini-1_____ Mini-2_____	Cost:	+ \$ _____
Transportation: Nearest Cross Street:	Full session \$450/Mini session \$235	Cost:	+ \$ _____
Two T-shirts are included in camp fee. <i>Additional shirts can be purchased for \$15.00 each.</i>	# Additional T-shirts: _____ x \$15	T-Shirt Cost:	+ \$ _____
Extended Care: The additional charges will be \$10.00 per morning and \$15.00 per afternoon for <u>each day required</u> . Your child must be registered and payment made in advance to participate. <u>Please circle days required.</u>	8am-8.30am # of mornings _____ X \$10 Mon / Tue / Wed / Thurs / Fri	Cost:	+ \$ _____
	3.30pm-5pm # of afternoons _____ X \$15 Mon / Tue / Wed / Thurs / Fri	Cost:	+ \$ _____
Discount: Third child discount applied if full payment is received by 4/2/18.	- \$50.00 full / \$25.00 mini		- \$ _____
Tax deductible scholarship donation to assist other campers (optional):			+ \$ _____
TOTAL			\$ _____

For children enrolled in the *Sound Sailors* program, we will place your child with a friend/relative if possible in order to make the adjustment to camp more comfortable. Please indicate friend's name: _____.

Method of Payment

Checks or Money Orders Payable to PWCC or with Credit Card:

Master American Visa Discover Amount: _____ Expiration Security
Card Express Code: _____
\$ Date: _____

Cardholder's Name:	Card Number:
Signature:	Date:

I agree to the terms and conditions of this contract as follows:

- I understand that the Department of Health (DOH located at 200 County Seat Drive, Mineola NY) will be inspecting the camp two times over the course of the summer. Hours of Operation are 9:00am to 4:45pm.
- I understand that medical forms are required by the Nassau County Health Department regulations and must be completed and returned to PWCC by June 1, 2018. My child must have had a physical examination within the last year in order to attend camp.
- I grant permission for my child to use all of the play equipment and participate in all program activities of camp.
- I grant permission for my child to participate in any trip arranged by Port Day Camp. I understand that all trips end by regular dismissal time from the program unless notified.
- I grant permission for my child to visit the Manorhaven Pool for swimming instruction as well as to participate in any water activities.
- I grant permission for the use of my child's art work and any photographs and videos of him/her for publicity or fundraising purposes for PWCC.
- As requested by the Nassau County Department of Health, I grant permission to camp staff to assist my child in applying sun-screen throughout the camp day.
- I grant permission to have my Bay Buccaneer child participate in program activities at Kostal Paddle, Blue Moon Taekwondo School, Woodworking at Weber Middle School and the Port Washington Tennis Academy.
- I understand that PWCC is a nut-free program.
- I understand that on occasion and due to inclement weather, campers might be going to watch a PG rated movie.
- If PWCC determines that the camp cannot meet the needs of my child I understand that PWCC has the right to discontinue enrollment. I will receive refund of any monies owed to me.

**Parent / Guardian
Signature:** _____

Date: _____