



New Country Day Camp Camper Information

Last Name _____ First Name _____ Age _____ Sex M F
 Date of Birth ____/____/____ Grade in September '12 _____ Address _____ Apt # _____
 City _____ State _____ Zip Code _____ School Attends _____

Session Enrollment

- Full Summer Thursday, June 28th – Wednesday, August 22nd
- Session 1 Thursday, June 28th – Friday, July 20th
- Session 1 Add on week* Monday, July 23rd - Friday, July 27th *must be enrolled Session 1
- Session 2 Monday, July 23rd - Friday, August 3rd
- Session 2 Add on week** Monday, August 6th - Friday, August 10th ** must be enrolled Session 2
- Pre- Week for Session 3*** Monday, July 30th - Friday, August 3rd *** must be enrolled Session 3
- Session 3 Monday, August 6th – Wednesday, August 22nd
- Session 1 & 2 Wednesday, June 29th – Friday, July 29th
- Session 2 & 3 Monday, July 23rd – Wednesday, August 22nd
- Session 1 & 3 Thursday, June 28th – Friday, July 20th; Monday, August 6th – Wednesday, August 22nd
- After-camp @the Y Available for all dates (until 6pm) child is registered for camp

***pre week for session 3 is only available for returning campers who are in 2nd grade and above.

PARENT OR GUARDIAN INFORMATION:

Parent 1	Parent 2
Name: _____ Relationship _____	Name: _____ Relationship _____
Home # _____ Cell # _____	Home # _____ Cell # _____
Work # _____ Profession: _____	Work # _____ Profession: _____
Place of employment: _____	Place of employment: _____
Email Address: _____	Email Address: _____
Child Lives with <input type="radio"/> 2 parents in one home <input type="radio"/> 2 parents in two homes <input type="radio"/> 1 parent <input type="radio"/> other: _____	

Emergency Contact (in case we can't reach child's parent)

Name: _____ Relationship _____	Name: _____ Relationship _____
Phone # _____ Cell # _____	Phone # _____ Cell # _____

Referrals:

The following camp family referred us to New Country Day Camp: _____

BUS INFORMATION:

Pick up at: _____ **Drop off at:** _____
 Please print the stop's name in full

At the end of the camp day, children are returned to their drop-off bus stop. Campers are released to the person(s) listed below (please include their phone numbers).

Name (please print)	Cell Phone Number(s) (during bus route times)
1.	
2.	
3.	

If you would like your child discharged to his/her own custody (child must be at least 10 years old) initial yes and sign below the list of authorized people.

My child is 10 years of age or older and I request that my child be discharged to his/her own custody. Yes No

Signature: _____ **Phone #** _____
 (Parent or guardian) (During the day)

In the event that none of the authorized persons is at the bus stop to pick the child up, the child will remain on the bus and return to the 14th Street Y. The child must be picked up from the 14th St Y by an authorized person by 6:00pm

My child is a *Newcomer: Yes No

**Children entering Kindergarten or 1st grade in September '12 must join Newcomers. Children entering 2nd grade and above in September 2012 choose one of the other units to start the summer and may change units each week.*

Group my child with (Applies to Newcomer campers only): 1. _____ 2. _____

Campers in grades 2-6 get to choose their own program unit each week. Your camper is most likely to choose this unit to start their time at camp:

- Sports
- Martial Arts
- Gymnastics
- Arts & Crafts
- Camping, Cooking, Pioneering (Nature)
- Performing Arts
- Science & Technology

T-Shirt Size: Child Sizes: 6-8, 10-12, 14-16 Adult Sizes: Small Medium Large X- Large

I give permission to publish my child's name and phone number in a camp roster: Yes ___ No ___.

Signature of parent or guardian _____ Relationship _____ Date _____

Medical Information

Camper's Medical Alerts/Allergies _____ Medications _____ Dosage _____

My child has an IEP* Yes ___ No ___ ***if the answer is yes, please enclose a copy.**

Any other information about your child that you feel it is important for us to know (i.e., dietary restrictions, special concerns or needs):

Parental Guardian Consent:

I give my permission for my child (name) _____:

To **participate in the swim program** of The 14th Street Y New Country Day Camp, to **participate in the trips*** taken by The 14th Street Y New Country Day Camp and to **participate in hikes** taken by The 14th Street Y New Country Day Camp in the Staten Island Green Belt State Park, adjacent to the campgrounds (or similar such places). I understand that the **14th Street Y may photograph and/or videotape my child** in New Country Day Camp activities and use these photographs/videos for promotional and archival purposes without any financial obligation to the child or parents. Permission is granted to the staff to exhibit or reproduce any artwork done by the child without any financial obligation to the child or parents. **Illness or injury:** In case of illness, accident, or injury of any kind to the child while attending the New Country Day Camp, permission is granted for the staff to take the child to the camp nurse. The camp nurse may call a doctor or have the child taken to a nearby hospital for emergency treatment. It is understood that the camp staff and camp nurse will make every effort to reach a parent/guardian or emergency medical contact in the event of illness or injury to a child. If a child receives emergency medical attention resulting from an illness, accident or injury at New Country Day Camp, parents/guardians will assume all medical costs. **Cancellations and refunds:** A withdrawal for any reason will cause a forfeit of deposits and fees. There are no refunds or transfer of funds to other Y programs. Failure to pay in full according to the stated schedules will result in my child being withdrawn from the 2012 New Country Day Camp program with a complete loss of fees paid. If the Y cancels a program, refunds will be issued. There is a \$20 fee per returned check or reversed credit card. The 14th Street Y reserves the right to request withdrawal of a child at anytime during the camp season. In that event, parents or guardians will be responsible for payments covering the portion of the season attended. I will inform the 14th Street Y in writing of any changes in family, address, telephone numbers and email addresses. **Membership:** I understand that in order to keep the member rate, my membership must be active throughout the duration of my child's enrollment in New Country Day Camp and I must become a member no later than the date of submitting my child's camp registration.

**Trips are usually taken on rainy days.*

Parent/Guardian's Signature _____ Relationship _____ Date _____

This information is optional and for statistical purposes only:

How did you hear about New Country Day Camp Y? (Please check all that apply) Word of Mouth Live / Work in Area
 Print Advertising Direct Mail / Email Camp t Fair/ Event Website Other _____

Ethnicity: Asian Black White Hispanic Other _____ **Religion:** Jewish Synagogue: _____
 Interfaith Other _____ None

Household Income: \$ 0 - \$39,999 \$40,000- \$74,999 \$75,000 - \$99,999 \$100,000 - \$124,999 \$125,000 +

Financial Aid

We have a limited amount of financial aid available. Please contact the camp director for an application. Financial aid applications are due by April 1st, 2012.

Contributions

We rely on your **tax deductible** contributions to enable children from economically disadvantaged families to attend camp. Any amount is greatly appreciated.

Payment plans available for full summer programs only.

Plans are available with up to 3 installments (maximum). The first installment is due at the time of registration, *plus a \$50 administrative fee*. The remaining installments are due on the 1st of every month, and final payment must be completed by June 30, 2012. To set up a payment plan, please contact the camp director. If you have any questions, please call the camp office at **(212) 780-0800, ext 4355**

Credit Card Authorization

I _____ authorize the 14th Street Y to charge my credit card \$ _____ for New Country Day Camp for

my camper: _____'s

- full payment.
- deposit of \$350 & remaining balance on May 1st, 2012.

*to receive the **early bird** rate payment in fully is required by March 1st, 2012.

Please charge my:
 American Express MasterCard Visa

Credit Card Number: _____

Exp. Date: ____/____/____

Cardholder's Name (as it appears on card): _____

Cardholder Signature _____ Date ____/____/____

If you are writing a check, please make all checks payable to: **The Educational Alliance** MEMO: New Country Day Camp

Please mail your application to:
New Country Day Camp
14th Street Y
344 East 14th Street
New York, NY 10003

If you have any questions, please contact the camp office at
 212-780-0800 x 4355 or 4357, or email us at newcountry@14streety.org

Calculation of program costs. Please use the rate sheet for reference	
Full Summer	\$ _____
Session 1	\$ _____
Session 2	\$ _____
Session 3	\$ _____
Session 1 & 2	\$ _____
Session 2 & 3	\$ _____
Session 1 & 3	\$ _____
After camp	\$ _____
Add on week	\$ _____
REGISTRATION SUBTOTAL	\$ _____
Less 10% sibling discount for one additional child	\$ (_____)
Less 15% sibling discount for second additional child	\$ (_____)
Tax deductible contribution to sponsor a child in camp	\$ _____
TOTAL	\$ _____

****New Country Day Camp, Summer 2012**

