

KENMORE/TONAWANDA SCHOOLS DAY CAMP 2015

Swim lessons, tennis & golf lessons, soccer, theater, crafts, rocketry, team-building exercises, field trips to Fantasy Island & more. **All counselors are certified NYS teachers and are ARC Lifeguard, CPR, AED, & First Aid Certified.** Campers must be at least 6 years old and must not be 13 on or before 6/29/15. We can only accept the first **150** registrants for each session.

For more information call Ralph Critelli daily at 874-8402 Ext. 355 ; After 3pm call 861-0648 or kenton.k12.ny.us (side toolbar- Day Camp)

Location: Franklin Middle School- 540 Parkhurst, Buffalo, NY 14223
Time: 8am – 4pm (we do offer extended Pick-up to 5pm upon request & additional fee)
Fee: \$290 per two-week session
A session is defined as 2 total weeks of attendance. The weeks do not necessarily need to be consecutive (ex.- you can register for the 1st wk. of the 1st session and the 1st wk. of the 3rd session)

YOU CANNOT REGISTER FOR LESS THAN A SESSION – DEFINED AS A 2-WEEK PERIOD OF TIME (10 DAYS). THEREFORE, NO PARTIAL SESSION REGISTRATION. ALSO- NO REFUNDS FOR MISSED DAYS UNLESS PROOF IS PROVIDED INDICATING A HOSPITAL EXPERIENCE OR FAMILY BEREAVEMENT.

*(A \$50 **NON-REFUNDABLE** deposit is required to register for EACH session) THE REQUIRED DEPOSIT IS COMPLETELY NON-REFUNDABLE REGARDLESS OF CIRCUMSTANCE*

Discount: \$10 discount for each session registered beyond one session. The maximum discount would be \$30 if registered for all four sessions. **DISCOUNT ONLY APPLIES TO REGISTRATIONS RECEIVED ON OR BEFORE 6/24/2015 DUE DATE. NO DISCOUNT WILL BE GIVEN IN 2015 FOR A REGISTRATION AFTER 6/24**

ONE PAYMENT IN FULL (less your deposit when you first register) FOR THE WHOLE SUMMER PROGRAM MUST BE RECEIVED AT 1500 COLVIN BLVD. BY WED. , JUNE 24th. Any payment postmarked after 6/24/15 may be returned, you may forfeit your child's position in the camp, and you will forfeit the deposit that you have made. Once again, the \$50/session required deposit will NOT be refunded.

Did you read everything? Please be sure to be aware of our policies.

Save top half -----

Day Camp Registration

Mail with payment to: DAY CAMP 1500 Colvin Blvd. Buffalo, NY 14223

Sessions: Campers may enroll for one, two, three, or all four sessions

Payment: Fee is **\$290** per each 2-week session. **\$50** deposit for each session is **NON-REFUNDABLE** & is due at the time of your reservation. **One Final Payment** for ALL registered sessions must be postmarked by **June 24th 2015** (Your payment process should consist of **ONLY TWO** payments-your deposit and then, **ONE** Final Payment)

Make checks payable to **Ken-Ton Schools.** Indicate Amount enclosed _____

Check Session(s) Desired:

1. June 29- July 10 * (see note below) 2. July 13 – 24 3. July 27 – August 7 4. August 10 – 21

* There will be no Day Camp on Fri., July 3rd; therefore a \$29 discount for session #1 will apply.

Child's Name _____ Age _____ Birth Date _____ Sex: M or F

Address _____ Zip-Code _____

Parent/Guardian's Name _____

Home Phone # _____ Cell # _____ Work # _____

Emergency Contact (other than Parent/Guardian) – Give Name and Telephone Number below. **PLUS- any chronic or other, significant health concerns and prescription medications:**

CONSENT: I/We hereby give permission for the above-named child to attend the Kenmore-Town of Tonawanda Day Camp at Franklin Middle School, during the session(s) listed herein. According to medical examinations within the previous 12 months said child is capable of participating in all activities (In the event of physical or activity-based limitations, please include a written note explaining any conditions or concerns.) I/We as parents/guardians recognize the inherent risks involved in such activities. I/We understand that field trips to Fantasy Island and the Town Pools are included, and that the camp provides bus transportation for the trips. I/We are aware of a "Pizza Day," whereby pizza will be delivered from a local vender. I/We give permission for said child to be initially treated by counselors in the event of injury or illness, with the knowledge that the school will take all reasonable precautions to avoid injury, but that it will not be held responsible or liable for injuries that may be incurred during said Day Camp.

Parent / Guardian Signature _____ Date _____

Parent / Guardian Name (please print) _____

**** Please enclose a stamped, self-addressed envelope with your registration. ****