

Plainview Nursery School- Summer Camp
84 Southern Parkway, Plainview, NY 11803 (516)938-8383
Camp Enrollment Contract for 2021

A \$300 Registration Deposit is required with this application

Child's _____ Sex: _____ Birthdate: _____
Name Last First Mo/Day/Yr

Home _____ Home Phone _____
Address Number & Street Town Zip

Email Address _____

Mother's Name _____ Bus/Cell Phone _____

Father's Name _____ Bus/Cell Phone _____

Emergency _____ Phone _____
Contact Name & Address

Would you like your child's name, a parent phone number & email to be included in our Camp directory? YES/NO

Session: Please Check

____ Half Day (9:30-1:00) 3 days

____ Half Day (9:30-1:00) 5 days

____ Full Day (9:30-3:00) 3 or 5 days

Number of Days _____ Days Preferred (Please Check):

Mon _____ Tues _____ Weds _____ Thurs _____ Fri _____

* Missed Days Cannot Be Made Up

**There is No Discount, Reduction or Refund Based on Missed Days Due to Illness or Absence

Signature of Parent _____ Date _____

How did hear about us? _____

Special requests: _____

Date Rec'd _____ Check # & Amt. _____