

**Plainview Nursery School- Summer Camp**  
**84 Southern Parkway, Plainview, NY 11803 (516)938-8383**  
**Camp Enrollment Contract for 2020**

**A \$300 Registration Deposit is required with this application**

100% Refundable by Dec 1, 2019 - 50% Refundable by Mar 1, 2020 No refunds after Mar 1, 2020

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. \_\_\_\_\_