

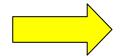
## **Summer 2020** Early Bird Enrollment Form

(Early Bird discounts run through January 15, 2020)

	Camper 1	Camper 2	Camper 3					
First Name								
Last Name								
Gender	Male Female	Male Female	Male Female					
Date of Birth								
Grade as of Sept. '20								
School as of Sept.'20								
Camp Attended in 2019								
T-Shirt Size (circle one)	Youth: XS S M L Adult: S M L XL	Youth: XS S M L Adult: S M L XL	Youth: XS S M L Adult: S M L XL					
Food Allergies								
Non Food Allergies								
Dietary Needs	□Kosher □Gluten Free □Vegetarian □Other:	□Kosher □Gluten Free □Vegetarian □Other:	□Kosher □Gluten Free □Vegetarian □Other:					
Program (see below for appropriate age groups)	□ Parent/Child (M/W) □ Parent/Child (T/Th) □ Mini Day 3-Day(M/W/F) □ Mini Day 5-Day □ Full Day □ Teen □ CIT	□ Parent/Child (M/W) □ Parent/Child (T/Th) □ Mini Day 3-Day(M/W/F) □ Mini Day 5-Day □ Full Day □ Teen □ CIT	□ Parent/Child (M/W) □ Parent/Child (T/Th) □ Mini Day 3-Day(M/W/F) □ Mini Day 5-Day □ Full Day □ Teen □ CIT					
Weeks Attending (choose the individual weeks your camper will be attending) (NO CAMP FRI 7/3)	□ All 8 weeks (Mon 6/29 – Fri □ Week 1 (Mon 6/29 – Thur 7/ □ Week 2 (Mon 7/6 – Fri 7/10) □ Week 3 (Mon 7/13 – Fri 7/17 □ Week 4 (Mon 7/20 – Fri 7/24 □ Week 5 (Mon 7/27 – Fri 7/31 □ Week 6 (Mon 8/3 – Fri 8/7) □ Week 7 (Mon 8/10 – Fri 8/14	2)	21)					
CITs, please note that a minimum of 4 weeks is required to be considered for a staff position in 2021.								
Transportation Needed	Yes No	Yes No	Yes No					

Early Bird Rates	Parent / Child Program 9:45am-12:15pm Age: 18–30 Months Mon/Wed or Tue/Thur (7/6/20 – 8/13/20)	Mini-Day Program 3 days 9:00am-1:30pm Entering Nursery Only (M/W/F)	Mini-Day Program 5 days 9:00am-1:30pm Entering Nursery & Pre-K	Full Day Program 5 days 9:00am-4:00pm Entering Pre-K – 7 <sup>th</sup> Grade	Teen Program 5 days 9:00am-4:00pm Entering 8 <sup>th</sup> & 9 <sup>th</sup> Grade	CIT Program 5 days 9:00am-4:00pm Entering 10 <sup>th</sup> & 11 <sup>th</sup> Grade
8 weeks	N/A	\$ 4,153.00	\$ 6,915.00	\$ 8,140.00	\$ 8,400.00	\$ 3,688.00
7 weeks	N/A	\$ 3,925.00	\$ 6,648.00	\$ 7,765.00	\$ 8,023.00	\$ 3,538.00
6 weeks	\$ 1,095.00	\$ 3,713.00	\$ 6,125.00	\$ 7,248.00	\$ 7,455.00	\$ 3,300.00
5 weeks	N/A	\$ 3,388.00	\$ 5,663.00	\$ 6,678.00	\$ 6,935.00	\$ 3,103.00
4 weeks	N/A	\$ 2,950.00	\$ 4,933.00	\$ 5,880.00	\$ 6,140.00	\$ 2,795.00
3 weeks	N/A	\$ 2,225.00	\$ 3,708.00	\$ 4,498.00	\$ 4,758.00	\$ 2,265.00
2 weeks	N/A	\$ 1,485.00	\$ 2,473.00	\$ 3,053.00	\$ 3,310.00	\$ 1,700.00

- Sibling Discount: 2<sup>nd</sup> Child 10%; 3<sup>rd</sup> Child 15%; 4<sup>th</sup> Child 20%
- Buckley Country Day School Student Discount: 5%



	Camper Inform	nation	
Camper's Home Address:			
Camper's Home Phone Number:			
	Parent/Guardian In	formation	
	Parent / Guardian <sup>*</sup>	1 Parent / Guardi	an 2
Full Name			
Home Phone			
Cell Phone			
Business Phone			
Home Address (if different than above)			
Trome Address (ii different triair above)		I	
	New Families	Only	
How did you hear about Buckley Day	Camp?		
	Credit Card Payment	Information	
Card Number:	Expiration:	Security Code:	
Card Number.	Expiration.	Security Code.	
Name on Card:	Amount to be	Charged: \$	
Credit Card Billing Address:			
Ordan Odra Billing Address.			
<ul> <li>payment plan) in order for your child to be Included in your tuition: transportation, to 6-11) and gratuities.</li> <li>Deposit will be refunded due to cancellati refundable.</li> <li>There are no refunds for absences unless required.</li> <li>Buckley Day Camp reserves the right to t</li> <li>I understand that a current Health Form a</li> </ul>	egin camp.  wel service, lunch, snack, group picture, in on prior to April 1, 2020. After April 1, 2020  s for medical reasons. A pro-rated refund of erminate a child's enrollment for any reason and Emergency Release Form must be on	due by May 15, 2020. Balances must be paid in full (or dividual picture, t-shirt, trips for CITs, senior and teen c 0, deposit is non-refundable. After May 15, 2020, full to will be made for five or more consecutive days. Physician pertaining to the safety and welfare of all campers.	amp (entering Gr. uition is non- an's note is
The Nassau County Department of Health below if you want our staff to assist your or	h has requested authorization for camp sta child in applying sunscreen throughout the	•	· ·
	•	assist your child in applying sunscree	
·	·	in their child's group or bus for birthday parties and other	r such events.
	you do not want this informa	ITION TO BE GIVEN OUT □.  In gives permission to a medical professional to adminis	ster emergency
treatment to child.		ond Buckley Day Camp's control, we regret that no refu	
understand that my child will participate in physical activities. I understand and ackn Inspection reports concerning Buckley Da	n camp activities involving running, jumping owledge that these activities carry some ris	tment of Health. Inquiries can be made Monday-Friday	al sports and
Please sign and date below. Your sign	gnature indicates that you have rea	ad and agree to the above Terms of Agreem	ent.
Parent/Guardian Name (Please Print	)		

Date

Parent/Guardian Signature