

Poly Prep Summer 2009

Registration Form

Please complete one form per student. Additional forms can be found at www.polyprep.org. Both sides must be complete and signed for registration to be processed. **Registration deadlines: Academic classes is June 30th, June Sports and Computer Camps is June 1st, August Sports and Computer Camps is August 1st, Performing Arts and Summer Experience Day Camp is June 1st, and Swim lessons is June 19th. Registrations received after these deadlines will be accepted only if space is still available.**

Child's Name (last) _____ (first) _____ (middle) _____
 Home Address _____ City _____ State _____ Zip Code _____
 Home Telephone _____ Date of Birth ____/____/____ Age ____ Male Female
 Current School with Address _____ Grade in September 2009 _____
 How did you learn about our programs? _____

DEPOSITS/PAYMENTS: A \$500 deposit (refundable until April 17) must accompany the registration for day camp and/or performing arts camp. You must pay the balance in full by May 16 if you apply on or before that date. If you apply after May 16, you must include the full fee with your application. A 2% late fee will be assessed on all balances after May 16. Sports, Swimming, Computer, and Academic/Enrichment Program fees must be paid in full when registering. **No refunds will be issued after the first day of any camp or class. There will be no reduction of fees due to absence, late arrival, late registration, withdrawal or dismissal.**

I have read and understand the payment terms. Initialed _____ Date _____

POLY PREP SUMMER ACADEMIC PROGRAMS (7/6-7/31)

Students may register for one or two courses. Please indicate your choices below. Please note that all children enrolled in Summer Experience Day Camp receive a 50% discount on all Summer Academic & Enrichment programs.*

		FEE	TOTAL DUE
First Choice	(See pages 2-3 for fees.)	\$ _____	\$ _____
Second Choice	(See pages 2-3 for fees.)	\$ _____	\$ _____

POLY PREP SUMMER EXPERIENCE DAY CAMP (6/29-8/7)

Nursery Division (Children turning 4 by 12/31/2009)	\$1,300	\$ _____
Junior Division (Children entering Kindergarten and Grade 1 in September 2009)	\$2,500	\$ _____
Intermediate Division (Children entering Grades 2 and 3 in September 2009)	\$2,500	\$ _____
Senior Division (Children entering Grades 4-8 in September 2009)	\$2,500	\$ _____
CIT Program (Students entering Grades 9 and 10 in September 2009)	\$1,300	\$ _____

Request to be with **one** other camper. Camper must be the same age _____

POLY PREP PERFORMING ARTS CAMP (6/29-7/31)*	\$1,800	\$ _____
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Please indicate number of years of dance training _____

Instruments studied and for how many years _____

POLY PREP SUMMER SPORTS CAMPS

Basketball Session I (6/15-6/19) Session II (6/22-6/26)	\$300	\$ _____
Squash Session I (6/15-6/19) Session II (6/22-6/26)	\$475	\$ _____
Lacrosse (6/22-6/26) Day Camp (\$350) Evening Camp (\$215) Boys' Equipment Rental (\$35)	\$ _____	\$ _____
Baseball (8/10-8/14)	\$300	\$ _____
Soccer (8/17-8/21)	\$300	\$ _____

COMPUTER CAMP FOR YOUNG PEOPLE

Session I (6/15-6/19) Session II (6/22-6/26)		
Session III (8/10-8/14) Session IV (8/17-8/21)	\$475	\$ _____

SWIMMING LESSONS**2 to 5 years old ADULT PARTICIPATION REQUIRED (6/30-7/30)**

2-3 Years Old: Tuesday and Thursday 4:30-5:00 PM	\$165	\$ _____
4 Years Old: Tuesday and Thursday 5:05-5:35 PM	\$165	\$ _____
5 Years Old: Tuesday and Thursday 5:40-6:10 PM	\$165	\$ _____

6 to 16 years old Mondays and Wednesdays (6/29-7/29)

4:30-5:10 PM 5:15-5:55 PM 6:00-6:40 PM	\$165	\$ _____
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Please complete both sides of this form and return with the appropriate payment to Poly Prep Country Day School/ Summer Experience, 9216 Seventh Avenue, Brooklyn, NY 11228-3698. Please contact Ellen Kinnane at 718-836-9800, ext. 3220 or e-mail ekinnane@polyprep.org with any questions you may have.

*The Performing Arts Camp schedule does not permit registration in the Summer Academic Program.

(Registration will not be processed without this form.)

Child's Name (last) _____ (first) _____

Home Telephone _____ Date of Birth ____/____/____ Age _____ M F

Father's Name _____ Daytime Phone _____ E-mail _____

Mother's name _____ Daytime Phone _____ E-mail _____

Home Address _____ City _____ State _____ Zip _____

Name and Relation of Emergency Contact _____ Phone _____

Person(s) authorized to pick up child _____

Person(s) **NOT** authorized to pick up child _____

Name of physician _____ Phone _____

Health condition(s) that staff should be aware of:* _____

Activities in which your child should not participate in: _____

Life-Threatening allergies No Yes* (describe) _____

Operations or Serious Injuries (with dates) _____

Is your child under a doctor's care for an ongoing condition? No Yes* (describe) _____

Any permanent disability or chronic or recurring illness No Yes* (describe) _____

Does your child take any medication (prescribed or over the counter)? No Yes* _____

If yes, please provide reason, dosage and frequency. _____

Can your child swim? No Yes Level: Beginner Intermediate Advanced

**The Camp Health Professional may require additional documentation or wish to speak to you prior to completing your registration.*

Date of Last Physical Examination:** _____ (2009 Health Record form must be completed)

***Please note that all children attending camps must have a complete physical examination within 12 months of attendance of camp and the Health Record form must be completed by a licensed physician.*

I, the parent/guardian of the above named student, hereby give permission to Poly Prep Country Day School, its agents, representatives, and employees, to enroll my child in all activities offered by Poly Prep Summer 2009, except those activities in which I or the examining physician have recommended that the student not participate. In consideration of my child's participation in Poly Prep Summer 2009, I, the undersigned, waive all claims for damages I may have against Poly Prep Country Day School, its directors, officers, trustees, faculty, and employees for any and all injuries suffered by my child. I also give permission to Poly Prep Country Day School, if its staff are unable to contact me, to take any necessary steps to obtain proper treatment of my child in the event of a sudden illness or injury. I understand that every effort will be made to notify me immediately in case of such an emergency. I further agree to be totally and completely responsible for the payment of all debts, expenses, or bills incurred in connection with any illness or injury of my child.

Parent/guardian name (printed) _____ Date _____

Signature _____ Relation to Child _____