



**60<sup>TH</sup> ANNIVERSARY SPECIAL:**

All 2017 enrolled campers and their families will receive **lifetime tuition** for any future siblings attending our summer program (Full Session - 5 days only)!

**Miss Sue's Summer Fun**

**2017**  
**ENROLLMENT**

**DISCOUNTED TUITION RATES VALID UNTIL 4/30/17. TUITION WILL INCREASE AS OF 5/1/2017.**

CAMPER'S NAME

GENDER

FATHER'S NAME

HOME ADDRESS

WORK PHONE

TOWN

ZIPCODE

CELL PHONE

HOME PHONE NUMBER

EMAIL ADDRESS

DATE OF BIRTH (mm/dd/yy)

MOTHER'S NAME

PHYSICIAN

PHONE

WORK PHONE

CELL PHONE

EMAIL ADDRESS

EMERGENCY NAME

PHONE

**Enroll By 4/30/17  
and SAVE an  
Additional \$400!**

**CAMP SEASON: JUNE 26 TO AUGUST 18 • CAMP CLOSED TUESDAY, JULY 4th • REFUNDABLE REGISTRATION DEPOSIT: \$795.**

**Circle Rate and Check Boxes Below As Needed**

PROGRAMS	8 Weeks	6 Weeks CIRCLE 6 OF 8	4 Weeks CIRCLE 4 OF 8	2 Week & 3 Week Sessions Available Upon Request
FULL DAY: 9:45am - 4:00pm	<input type="checkbox"/>	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	
<input type="checkbox"/> 5 DAYS	\$5695	\$5195	\$4395	<div style="border: 1px solid red; padding: 5px;"> <p><b>*FOR 3-DAY and 2-DAY FULL and MINI-DAY PROGRAMS</b> PLEASE CIRCLE YOUR DAYS OF CHOICE</p> <p><b>MON TUE WED</b> <b>THU FRI</b></p> </div>
<input type="checkbox"/> 3 DAYS*	\$5395	\$4895	\$4095	
<input type="checkbox"/> 2 DAYS*	Available Upon Request			
MINI-DAY: 9:45am - 2:00pm				
<input type="checkbox"/> MINI-DAY: 5 DAYS	\$5195	\$4695	\$3795	
<input type="checkbox"/> MINI-DAY: 3 DAYS*	\$4895	\$4395	\$3595	
<input type="checkbox"/> MINI-DAY: 2 DAYS*	Available Upon Request			

THESE DISCOUNTED RATES EXPIRE 4/30/17. • PAYMENTS RECEIVED AFTER 5/1/17 WILL BE BILLED AT POSTED RATES UPON RECEIPT. Extensions or session changes made after the first day of camp will be billed at the prevailing rate at the time of extension.

**Tuition includes transportation, all activities, lunch, one camp shirt, camp bag, snacks, and towel service.**

DATE:  
DEPOSIT AMT:

FOR OFFICE USE ONLY  
NOTES:

Please indicate preference for two MUTUAL grouping placements: \_\_\_\_\_

Final placement is made at the discretion of the directors. We will try to honor your positive requests.

We are licensed by the Nassau County Dept. of Health; We are inspected two times each summer; Reports concerning Miss Sue's are available from:

Nassau County Health Department, 200 County Seat Drive, Mineola, NY 11501.

All tuition balances are due no later than May 1, 2017.

Open balances will result in tuition adjustment for the current rate at that time. Overdue balances after May 1, 2017 will be assessed at 1-1/2 % per month late fee on the unpaid portion unless prior arrangements have been made with the office. A \$100 processing fee will be deducted for withdrawals. In the event that your child loses more than 7 consecutive camp days because of medical reasons, a tuition refund will be made for each day lost AFTER the 7-day deductible period. A physician's note is required in order to receive the medical tuition refund.

**I have read the enrollment agreement and understand its terms and accept all conditions.**

1. A DEPOSIT OF \$795 IS REQUIRED FOR REGISTRATION
2. PAYMENT IN FULL IS DUE BY MAY 1, 2017
3. THE CAMP RESERVES THE RIGHT TO DISMISS ANY CAMPER WHOSE BEHAVIOR REPRESENTS A DANGER TO THE CAMP OR CAMPERS.
4. PERMISSION IS GRANTED TO TAKE AND USE PHOTOGRAPHS FOR OUR WEBSITE OR FOR PUBLICITY PURPOSES.
5. PERMISSION IS GRANTED FOR ANY DAY TRIPS THAT ARE PART OF THE CAMP PROGRAM.
6. IN THE EVENT PARENTS CANNOT BE CONTACTED PERMISSION IS GRANTED FOR APPROPRIATE MEDICAL CARE AT A HOSPITAL.
7. ACTS OF GOD, STRIKES, AND CIRCUMSTANCES BEYOND OUR CONTROL THAT CAUSE THE CANCELLATION OF CAMP DAYS ARE NONREFUNDABLE AND CANNOT BE REPLACED. DAYS MISSED DUE TO ILLNESS, VACATION OR ABSENCE MAY NOT BE CHANGED OR SUBSTITUTED.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Print Name: \_\_\_\_\_

<b>PAYMENT METHOD</b> (Make check payable to Miss Sue's Nursery School)		<input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Amex
Number _____	Exp. Date _____	CCID _____			
Card Holder's Name _____		Signature: _____			
Complete and return this entire form to: <b>Miss Sue's Nursery School &amp; Kindergarten, 1191 Old Country Rd., Plainview, NY 11803 • 516-938-0894</b>					

**Transportation Information:**  
Name Streets and Indicate House with 'X'.

**CAMPERS NAME:**

**ADDRESS:**

**TOWN:**

**NEAREST MAJOR ROADS ARE:**




**ADDL COMMENTS:** \_\_\_\_\_