

# NEXT YEAR'S FUN AT LAST YEAR'S PRICES!



# Miss Sue's Summer Fun

# 2018 EARLY-BIRD ENROLLMENT



**DISCOUNTED RATES VALID UNTIL 10/31/17. RATES WILL INCREASE AS OF 11/1/17.**

CAMPER'S NAME \_\_\_\_\_ GENDER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ ZIPCODE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

DATE OF BIRTH (mm/dd/yy) \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMERGENCY NAME (Other than parent) \_\_\_\_\_ PHONE \_\_\_\_\_

**Enroll By 10/31/17  
And SAVE Up To \$800!  
REDUCED RATES SHOWN BELOW!**

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

PROGRAMS	8 Weeks	6 Weeks	4 Weeks	2 Week & 3 Week Sessions Available Upon Request
	<input type="checkbox"/>	CIRCLE 6 OF 8 1 2 3 4 5 6 7 8	CIRCLE 4 OF 8 1 2 3 4 5 6 7 8	
<input type="checkbox"/> FULL DAY: 9:45am - 4:00pm	\$4995 <del>\$6795</del>	\$4495 <del>\$5295</del>	\$3695 <del>\$4495</del>	<div style="border: 1px solid black; padding: 5px;"> <p><b>*FOR 3-DAY and 2-DAY FULL and MINI-DAY PROGRAMS</b> PLEASE CIRCLE YOUR DAYS OF CHOICE <b>MON TUE WED</b> <b>THU FRI</b></p> </div>
<input type="checkbox"/> 5 DAYS	\$4495 <del>\$5295</del>	\$3995 <del>\$4795</del>	\$3195 <del>\$3995</del>	
<input type="checkbox"/> 3 DAYS*	Available Upon Request			
<input type="checkbox"/> 2 DAYS*	Available Upon Request			
<input type="checkbox"/> MINI-DAY: 9:45am - 2:00pm				
<input type="checkbox"/> MINI-DAY: 5 DAYS	\$4495 <del>\$5295</del>	\$3995 <del>\$4795</del>	\$3095 <del>\$3895</del>	
<input type="checkbox"/> MINI-DAY: 3 DAYS*	\$3995 <del>\$4795</del>	\$3695 <del>\$4495</del>	\$2895 <del>\$3695</del>	
<input type="checkbox"/> MINI-DAY: 2 DAYS*	Available Upon Request			

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

DISCOUNTED RATES EXPIRE 10/31/17.

PAYMENT RECEIVED AFTER 10/31/17 WILL BE BILLED AT POSTED RATES AS OF DATE OF FULL PAYMENT.

Extensions made after the first day of camp will be billed at the prevailing rate at the time of extension.

**REFUNDABLE REGISTRATION DEPOSIT: \$795.**

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, 2018.

Open balances will result in tuition adjustment for the current rate at that time. Overdue balances after May 1, 2018 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, 2018
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: \_\_\_\_\_

**PAYMENT METHOD** (Make check payable to Miss Sue's Nursery School)     Check Enclosed     Visa     Mastercard     Amex

Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CCID \_\_\_\_\_

Card Holder's Name \_\_\_\_\_ Signature: \_\_\_\_\_

Complete and return this entire form to:  
**Miss Sue's Nursery School & Kindergarten, 1191 Old Country Rd., Plainview, NY 11803 • 516-938-0894**

**Transportation Information:**

Name Streets and Indicate House with 'X'.

CAMPERS NAME:

ADDRESS:

TOWN:

NEAREST MAJOR ROADS ARE:




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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_