



LAST CHANCE TO ENROLL!!!



Miss Sue's Summer Fun

2018 ENROLLMENT

CAMPER'S NAME

GENDER

PARENT'S NAME

HOME ADDRESS

WORK PHONE

TOWN

ZIPCODE

CELL PHONE

HOME PHONE NUMBER

EMAIL ADDRESS

DATE OF BIRTH (mm/dd/yy)

PARENT'S NAME

PHYSICIAN

PHONE

WORK PHONE

CELL PHONE

EMAIL ADDRESS

EMERGENCY NAME (Other than parent)

PHONE



**ACT NOW! LIMITED SPACE LEFT!
CALL FOR ONE-TIME
SPECIAL OFFER!**

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: 9:15am - 3:30pm	<input type="checkbox"/>	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	
<input type="checkbox"/> 5 DAYS	\$5295	\$4795	\$3995	<div style="border: 1px solid red; padding: 5px;"> <p>*FOR 3-DAY and 2-DAY FULL and MINI-DAY PROGRAMS PLEASE CIRCLE YOUR DAYS OF CHOICE MON TUE WED THU FRI</p> </div>
<input type="checkbox"/> 3 DAYS*	\$4795	\$4295	\$3595	
<input type="checkbox"/> 2 DAYS*	Available Upon Request			
MINI-DAY: 9:15am - 1:30pm				
<input type="checkbox"/> MINI-DAY: 5 DAYS	\$4795	\$4295	\$3395	
<input type="checkbox"/> MINI-DAY: 3 DAYS*	\$4295	\$3995	\$3195	
<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.

FULL PAYMENT DUE UPON ENROLLMENT.

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 upon enrollment.

A \$100 processing fee will be deducted for withdrawals prior to the start of camp. 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. FULL PAYMENT IS REQUIRED UPON REGISTRATION.
2. THE CAMP RESERVES THE RIGHT TO DISMISS ANY CAMPER WHOSE BEHAVIOR REPRESENTS A DANGER TO THE CAMP OR CAMPERS.
3. PERMISSION IS GRANTED TO TAKE AND USE PHOTOGRAPHS FOR OUR WEBSITE OR FOR PUBLICITY PURPOSES.
4. PERMISSION IS GRANTED TO PARTICIPATE IN ALL CAMP ACTIVITIES AND FOR ANY DAY TRIPS THAT ARE PART OF THE CAMP PROGRAM.
5. IN THE EVENT PARENTS CANNOT BE CONTACTED PERMISSION IS GRANTED FOR APPROPRIATE MEDICAL CARE AT A HOSPITAL.
6. 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: _____
