



Miss Sue's Summer Fun

2019

ENROLLMENT

Visit us at www.missuesnurseryschool.com

CAMPER'S NAME _____ GENDER _____

HOME ADDRESS _____

TOWN _____ ZIPCODE _____

HOME PHONE NUMBER _____

DATE OF BIRTH (mm/dd/yy) _____

PHYSICIAN _____ PHONE _____

FIRST PARENT'S NAME _____

WORK PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

SECOND PARENT'S NAME _____

WORK PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

EMERGENCY NAME _____ PHONE _____



Circle Rate and Check Boxes Below As Needed

SESSIONS	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	\$5695	\$5095	\$4295	*FOR 3-DAY and 2-DAY FULL and MINI-DAY SESSIONS PLEASE CIRCLE YOUR DAYS OF CHOICE MON TUE WED THU FRI
<input type="checkbox"/> 3 DAYS*	\$5195	\$4595	\$3795	
<input type="checkbox"/> 2 DAYS*	Available Upon Request			
MINI-DAY: 9:15am - 1:30pm				
<input type="checkbox"/> MINI-DAY: 5 DAYS	\$5395	\$4795	\$3995	
<input type="checkbox"/> MINI-DAY: 3 DAYS*	\$4895	\$4495	\$3695	
<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.

AT THIS TIME, FULL PAYMENT DUE UPON ENROLLMENT.

DATE:	FOR OFFICE USE ONLY
DEPOSIT AMT:	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, (516) 227-9717.

Full tuition is due upon enrollment.

Open balances will result in tuition adjustment for the current rate at that time. Overdue balances after May 1, 2019 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 after May 1st. 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 TUITION IS REQUIRED FOR 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 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: _____
