

HURRY - ENROLL BEFORE 3/31 & SAVE AN ADDITIONAL \$300!



Miss Sue's Summer Fun

2020
ENROLLMENT

DISCOUNTED RATES VALID UNTIL 3/31/2020. TUITION WILL INCREASE ON 4/1/2020.

CAMPER'S NAME _____ GENDER _____

FIRST PARENT'S NAME _____

HOME ADDRESS _____

WORK PHONE _____

TOWN _____ ZIPCODE _____

CELL PHONE _____

HOME PHONE NUMBER _____

EMAIL ADDRESS _____

DATE OF BIRTH (mm/dd/yy) _____

SECOND PARENT'S NAME _____

PHYSICIAN _____ PHONE _____

WORK PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

**ENROLL BY 3/31 AND GET \$300
EXTRA OFF ALL SESSION PRICES!**

REFUNDABLE REGISTRATION DEPOSIT: \$995. A 3% service charge will be added to any credit or debit card payments.

Circle Rate and Check Boxes Below As Needed. Camp Session is from 6/29/20 – 8/21/20. Camp Closed July 3rd.

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	\$5795 \$6095	\$5295 \$5595	\$4495 \$4795	<div style="border: 1px solid black; padding: 5px;"> <p>*FOR 3-DAY and 2-DAY FULL and MINI-DAY SESSIONS PLEASE CIRCLE YOUR DAYS OF CHOICE</p> <p>MON TUE WED</p> <p>THU FRI</p> </div>
<input type="checkbox"/> 3 DAYS*	\$5295 \$5595	\$4795 \$5095	\$3995 \$4295	
<input type="checkbox"/> 2 DAYS*	Available Upon Request			
MINI-DAY: 9:15am - 1:30pm				
<input type="checkbox"/> MINI-DAY: 5 DAYS	\$5495 \$5795	\$4995 \$5295	\$4095 \$4395	
<input type="checkbox"/> MINI-DAY: 3 DAYS*	\$4995 \$5295	\$4695 \$4995	\$3895 \$4195	
<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.

YOU MUST ENROLL BY 1/31/2020 TO SAVE \$200 OFF LISTED SESSION PRICES!

FULL PAYMENT DUE MAY 1, 2020. ENROLLMENTS RECEIVED AFTER 3/31/2020 WILL BE BILLED AT POSTED SESSION PRICES AS OF DATE OF DEPOSIT AND ENROLLMENT FORM RECEIVED

TO ENROLL PLEASE FILL OUT ABOVE AND RETURN WITH A COMPLETELY REFUNDABLE REGISTRATION DEPOSIT OF \$995.

FOR OFFICE USE ONLY

DATE:

DATE:

DEPOSIT AMT:

PAYMENT AMT:

NOTES:

FOR A LIMITED TIME ONLY!
ACT NOW!

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, 2020.

Open balances will result in tuition adjustment for the current rate at that time. Overdue balances after May 1, 2020 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. A DEPOSIT OF \$995 IS REQUIRED FOR REGISTRATION
2. PAYMENT IN FULL IS DUE BY MAY 1, 2020
3. A 3% SERVICE CHARGE WILL BE ADDED TO ANY DEBIT OF CREDIT CARD PAYMENTS.
4. THE CAMP RESERVES THE RIGHT TO DISMISS ANY CAMPER WHOSE BEHAVIOR REPRESENTS A DANGER TO THE CAMP OR CAMPERS.
5. PERMISSION IS GRANTED TO TAKE AND USE PHOTOGRAPHS FOR OUR WEBSITE OR FOR PUBLICITY PURPOSES.
6. PERMISSION IS GRANTED FOR ANY DAY TRIPS THAT ARE PART OF THE CAMP PROGRAM.
7. IN THE EVENT PARENTS CANNOT BE CONTACTED PERMISSION IS GRANTED FOR APPROPRIATE MEDICAL CARE AT A HOSPITAL.
8. 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: _____

A 3% SERVICE CHARGE WILL BE ADDED TO ALL DEBIT CARD OR CREDIT CARD PAYMENTS.

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: _____
