

2012 PRE CAMP APPLICATION



MONDAYS, WEDNESDAYS AND FRIDAYS: 9:15AM – 10:15AM

The program is geared for 2 to 4 year olds. Children must have turned 2 by the start of the program. Younger siblings of registered children may also attend, but all those 10 months or older must also register with the program.

THE PRE-CAMP PROGRAM REQUIRES ADVANCED REGISTRATION.

FORMS MUST BE SUBMITTED TO VILLAGE OFFICE PRIOR TO THE DATE OF THE PROGRAM.

SPACE IS LIMITED TO 15 CHILDREN, SO REGISTER EARLY.

AT LEAST ONE PARENT OR RESPONSIBLE GUARDIAN MUST STAY WITH CHILD FOR THE ENTIRE CLASS.

FULL NAME OF CHILD AGE FULL NAME OF CHILD AGE

WEEK	Saltaire Resident	Non-Saltaire Resident	# of Children	Fee
July 5, 6	\$61 per child	\$51 per child	_____	\$ _____
July 9, 12, 13	\$62 per child	\$72 per child	_____	\$ _____
July 16, 17, 18	\$62 per child	\$72 per child	_____	\$ _____
July 23, 25, 27	\$62 per child	\$72 per child	_____	\$ _____
Jul 30 Aug 1, 3	\$62 per child	\$72 per chil	_____	\$ _____
Aug 13, 15, 17	\$62 per child	\$72 per child	_____	\$ _____
Aug 20, 22, 24	\$62 per child	\$72 per child	_____	\$ _____

SEASONAL	\$410	\$515	_____	\$ _____
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(No refunds given)

1. FIRE ISLAND ADDRESS _____
2. FIRE ISLAND PHONE _____
3. PERMANENT ADDRESS _____
4. PERMANENT PHONE _____
5. PARENT(S) NAME _____
6. EMERGENCY NAME _____
7. EMERGENCY PHONE _____

The Recreation Program provides limited accident insurance coverage for each child during participation in camp activities. The terms and conditions of the policy are available through the Village Office. It is not in any way a substitute for family medical coverage. I give permission for emergency diagnostic and therapeutic procedures, including hospitalization, securing proper treatments, injection of medication, anesthesia or surgery as may be deemed necessary for my child by the medical personnel in charge of care at the time; and also provide information concerning my child's medical condition to the responsible officials when deemed necessary. My child is in good health and has my permission to enroll and participate. My child has no previous sickness, illness, disease or bodily injury which is in any way a constraint or restriction to his/her participation in the Pre-Camp Program.

PARENT'S NAME

PARENTAL DESIGNEE'S NAME

OR

PARENT'S SIGNATURE

DESIGNEE'S SIGNATURE