

Mailing Address:
 Camp W
 P.O. Box 725
 Plainview, NY 11803
 (631) 692-6222
 campwdaycamp.com
 info@campwdaycamp.com



Sibling Discount 2nd Child: \$300
Own Driving Discount: \$50 per week
Referral Discount- 4 weeks: \$250
8 weeks: \$500

Registration Deposit: \$500
 (Refundable up until March 1st, 2016)

Registration Form 2016

Camper's Last Name		First Name		Male <input type="checkbox"/>	Age	Grade As Of September 2016	
				Female <input type="checkbox"/>			
Address		City			Zip Code	Home Phone () -	
Camper's Birth Date		Physician's Name			Physician's Phone Number		
Father's Name	Father's Business Phone () -	Father's Cell Phone () -		Father's E-Mail			
Mother's Name	Mother's Business Phone () -	Mother's Cell Phone () -		Mother's E-Mail			
Parent Marital Status:		<input type="checkbox"/> Married		<input type="checkbox"/> Divorced		<input type="checkbox"/> Single <input type="checkbox"/> Widowed	
Emergency Contact #1 Name		Emergency Contact #1 Phone () -			Relation To Camper		
Emergency Contact #2 Name		Emergency Contact #2 Phone () -			Relation To Camper		

Please circle the weeks your child will be attending Camp W: Total Week Selected _____

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
6/27	7/4	7/11	7/18	7/25	8/1	8/8	8/15

Extended hours, at no additional cost: (please circle days needed)

My child will require early care M T W Th F (7:30am- 8:30am)
 My child will require late care M T W Th F (4:00pm- 6:00pm)

Please check the program your child will be attending: Kiddie Camp 4 year old - 1st grade Middle Camp 2nd and 3rd grade Upper Camp 4th- 8th grade Apprentice 9th grade

Camper's shirt size (please circle): **Youth:** S M L **Adult:** S M L XL 2XL

	2 weeks	4 weeks	6 weeks	8 weeks
Up to October 15, 2015	\$1,485.00	\$2,812.00	\$3,375.00	\$3,690.00
Up to January 15, 2016	\$1,567.00	\$2,968.00	\$3,562.00	\$3,895.00
After January 15, 2016	\$1,650.00	\$3,125.00	\$3,750.00	\$4,100.00

