

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



Sibling Discount 2nd Child \$50 per week

Registration Deposit: \$350
 (Refundable up until February 1st, 2018)

Registration Form 2018

Camper's Last Name		First Name		Male <input type="checkbox"/>	Age	Grade As Of September 2018	
				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
6/25	7/2	7/9	7/16	7/23	7/30	8/6	8/13

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 (3:45pm- 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
 My Child Will Participate in the **Instructional Swim Program** (please circle) **Yes** **No**

**Register
Now**

Own driving discounts is \$50 per week and only for campers who are Not Enrolled in Early Care or Late Care.

	8 weeks	6 weeks	4 weeks	2 weeks
Final Rates	\$4,350.00	\$3,750.00	\$3,150.00	\$1,650.00

