



2012 SUMMER CAMP PROGRAM REGISTRATION FEES

Summer Camp Program (7 Weeks)

Monday, June 11 through Friday, July 27

Monday through Friday (5 Days)

	<u>9:00 am - 12:00 Noon</u>	<u>9:00 am - 1:00 pm</u>
1 Week:	\$ 230	\$ 300
2 Weeks:	\$ 455	\$ 605
3 Weeks:	\$ 680	\$ 905
4 Weeks:	\$ 905	\$1,205
5 Weeks:	\$1,130	\$1,505
6 Weeks:	\$1,355	\$1,805
7 Weeks:	\$1,580	\$2,105

Mondays, Wednesdays and Fridays

	<u>9:00 am - 12:00 Noon</u>	<u>9:00 am - 1:00 pm</u>
1 Week:	\$ 140	\$ 180
2 Weeks:	\$ 275	\$ 365
3 Weeks:	\$ 410	\$ 545
4 Weeks:	\$ 545	\$ 725
5 Weeks:	\$ 680	\$ 905
6 Weeks:	\$ 815	\$1,085
7 Weeks:	\$ 950	\$1,265

Tuesdays and Thursdays

	<u>9:00 am - 12:00 Noon</u>	<u>9:00 am - 1:00 pm</u>
1 Week	\$ 95	\$ 120
2 Weeks:	\$ 185	\$ 245
3 Weeks:	\$ 275	\$ 365
4 Weeks:	\$ 365	\$ 485
5 Weeks:	\$ 455	\$ 605
6 Weeks:	\$ 545	\$ 725
7 Weeks:	\$ 635	\$ 845

Families who enroll and pay in full by May 7th will receive a 10% discount.

There will be a 10% discount for enrolling in all seven weeks of camp

All lunches must be brown bagged and peanut-free

Each camper will receive an ECC Camp t-shirt.



2012 SUMMER CAMP PROGRAM

Date: _____

I am registering my child _____ for (please circle all that apply):

Summer Camp

Week 1: June 11 - June 15

Week 2: June 18 - June 22

Week 3: June 25 - June 29

Week 4: July 2 - July 6**

Week 5: July 9 - July 13

Week 6: July 16 - July 20

Week 7: July 23 - July 27

Optional Lunch Bunch: Week: 1 2 3 4 5

**no camp on July 4

THE EARLY CHILDHOOD CENTER
250 BRYANT AVENUE
WHITE PLAINS, NEW YORK 10506
914-949-4187

2012 SUMMER CAMP PROGRAM REGISTRATION

Camper's Name _____

Home Address _____
(street, city, state & zip code)

Home Phone _____ Cell Phone _____

Email Address _____

Date of Birth _____ Age by 6/1/ _____

Mother's Name _____ Father's Name _____

Business Phone _____ Business Phone _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Doctor's Name _____ Phone # _____

Does your child have any allergies? Yes No

If Yes, what is your child allergic to _____

What activities does your child enjoy most? _____

Does your child have any fears? _____

Any additional comments? (continue on reverse, if needed)

May we have your permission to photograph your child during camp activities? Yes No

Do we have your permission to obtain necessary emergency medical treatment for your child with the understanding that the family will be notified as soon as possible? _____

Parent's Signature _____ Date _____

Authorized Child Pick-up Information (must have Photo ID when picking up, when other than parent):

Name	Relationship	Phone
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