



GRACE

Episcopal Church and Day School

SUMMER CAMP 2018 REGISTRATION FORM Children Age 2 - 6

Sign up weekly. Or, save and sign up for all six week by June 15th.

9:00am - 3:00pm Monday - Friday

9:00am - 12:00pm

Monday - Friday

FULL DAY				HALF DAY			
Session 1	Stars & Stripes	7/9 – 7/13	\$300 <input type="checkbox"/>	Session 1	Stars & Stripes	7/9 – 7/13	\$200 <input type="checkbox"/>
Session 2	Carnival Week	7/16 – 7/20	\$300 <input type="checkbox"/>	Session 2	Carnival Week	7/16 – 7/20	\$200 <input type="checkbox"/>
Session 3	Olympic Week	7/23 – 7/27	\$300 <input type="checkbox"/>	Session 3	Olympic Week	7/23 – 7/27	\$200 <input type="checkbox"/>
Session 4	Jungle Week	7/30 – 8/3	\$300 <input type="checkbox"/>	Session 4	Jungle Week	7/30 – 8/3	\$200 <input type="checkbox"/>
Session 5	Spirit Week	8/6 – 8/10	\$300 <input type="checkbox"/>	Session 5	Spirit Week	8/6 – 8/10	\$200 <input type="checkbox"/>
Session 6	Got Talent Week	8/13 - 8/17	\$300 <input type="checkbox"/>	Session 6	Got Talent Week	8/13 – 8/17	\$200 <input type="checkbox"/>
SESSIONS 1 through 6 9:00am - 3:00pm Monday - Friday				SESSIONS 1-6 9:00am – 12:00pm Monday- Friday			
\$1,650 <input type="checkbox"/>				\$1,000 <input type="checkbox"/>			

Bring your lunch.

Child's Name _____ Age _____

\$300 Deposit Non-refundable. Total tuition must be paid in full prior to child starting camp

Checks payable to Grace Day School (memo line – Summer Camp). Camp tuition may be put on your credit card. Form attached. Return to:

Mrs. Lorraine Brucato
Grace Summer Camp
23 Cedar Shore Dr.
Massapequa, NY 11758
516.798.1122 ext 18 l.brucato@gracedayschool.org

23 Cedar Shore Drive, Massapequa, New York 11758
(516) 798-1122
www.gracedayschool.org

CAMPER INFORMATION

Print Clearly

Child's Name _____ Male ___ Female ___

Age as of June 30, 2018 _____ Birthdate _____

Grade entering _____ School attended last year _____

Family and Emergency Info:

Parent/Guardian Name _____ Relation _____

Home Address _____ Home Phone _____

Cell phone _____ Cell Phone _____

Work number _____ Work Phone _____

Email _____

Name & number of family member, friend, babysitter who may be notified in the event of an emergency

Medical information:

Allergies _____ *none* _____ *If so, explain*

*Completed form and check to: Ms. Lorraine Brucato
Grace Summer Camp
23 Cedar Shore Dr.
Massapequa, NY 11758*



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SUMMER CAMP ENROLLMENT AGREEMENT

Tuition must be paid in full prior to your child(ren) attending camp.

Customarily, refunds are not given. However, an exception may be made in the event of a medical emergency. A physician's note will be required.

Permission is hereby granted for Grace Day School Summer Camp to allow your child to participate in any and all camp activities that are determined appropriate by the Camp Directors.

Permission is hereby granted for Grace Day School Summer Camp to provide necessary medical attention for your child when it is appropriate or in the case of an emergency when a parent or physician cannot be contacted.

Grace Day School Summer Camp strive to have a good relationship with campers and parents alike. In the event that this is not possible, Grace Day School Summer Camp has the right to terminate this agreement at the discretion of the Camp Directors.

Some photos of campers may be taken. I understand that this material may be used in future advertising of Grace Day School and its Summer Camp Program. This material may also appear on the Grace Day School website and/or Facebook page.

Camper's Name

Parent/Guardian Signature

Date

Date

Please return this signed agreement with your child's registration form.

23 Cedar Shore Drive, Massapequa, New York 11758

(516) 798-1122

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