

**Kids 'Off' Campus APPLICATION**  
**Kids 'Off' Campus Summer Program – For Children 5 to 12 years of age**

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Mother's Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Father's Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

**Emergency Contact and Authorized Pick-up Names:**

Name \_\_\_\_\_ Phone/Cell/Pager \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone/Cell/Pager \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone/Cell/Pager \_\_\_\_\_ Relationship \_\_\_\_\_

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**Camp Day is 8:30 – 5:30 pm (extended hours are available at an additional cost of \$15 per hour per day)**

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**Non-refundable Registration Fee of \$100.00**

**9 Week Program - \$3,600**

**Additional Weeks - \$400**

**Camp Season June 30 – August 28 \_\_\_\_\_**

**Weekly \_\_\_\_\_**

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**Meals and snacks will be provided on all non-travel days, you must provide lunch, 2 snacks and 2 drinks for all off-site trips.**

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*We are a contracted Nassau County DSS and NYC ACS provider. Please see front office regarding supplemental fees.*

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**A 50% deposit is due upon registration with balance to be paid in full by June 1<sup>st</sup>**

<b>Camper's Name</b>	<b>Gender</b>	<b>Date of Birth</b>	<b>Registration Fee</b>	<b>Program Fee</b>	<b>Total Due</b>

Medical Statement \_\_\_\_\_ Allergy/Treatment \_\_\_\_\_ Medication Consent \_\_\_\_\_ Blue Card \_\_\_\_\_