



NSN Summer 2018 Play Program Registration Form

Program Basics: Open to NSN students finishing the 2-day, 3-day, or 5-day programs- and open to non-NSN students who are 3 by 6/1/18. It is a 6 week program (July 9th - August 16th). Camp runs Monday through Thursday. Options are 2, 3 or 4 days per week. Drop off is at 9:00 a.m. Pick up is at 11:55 a.m.

Child's Information

Child Full Name: _____

Date of Birth: ___/___/___

Please circle M or F

Full Address (street, city, state, zip):

Family's Information

Parent(s) Full Name(s):

Home Phone: _____ Cell Phone: _____

Cell Phone: _____

Emergency Information

Emergency Contact (other than parent(s)):

Relationship to Child: _____ Phone #: _____

Health Information

Please indicate any allergies, medications, or other conditions:

Pick-Up Information

In addition to the listed parent(s) above, the following individual(s) are authorized to pick up my child:

- 1.
- 2.

Comments

Any additional comments or information you'd like to share?

Photo Release

NSN may use my child's photo and/or artwork for publicity, advertising, or fundraising in any media. Note: We will never publicly publish your child's name or other personal information.

_____ (please initial)

Parent Signature: _____

Please check which weeks your child will attend and note if you're choosing the 2, 3 or 4 day a week option. Please note that if registering siblings, there is a 10% discount.

2 Days/week **3 Days/week** **4 Days/week**
 Week 1 (7/9-7/12) Week 2 (7/16-7/19) Week 3 (7/23-26)
 Week 4 (7/30-8/2) Week 5 (8/6-8/9) Week 6 (8/13-8/16)

Please choose one of the following:

Number of Weeks	2 Days per Week	3 Days per Week	4 Days per Week
1	\$80	\$120	\$160
2	\$160	\$240	\$320
3	\$240	\$360	\$480
4	\$320	\$480	\$576
5	\$400	\$600	\$720
6	\$480	\$720	\$864

Payment Information:

Registration is first come first serve. Please make all checks payable to NSN and mail them with the **completed application** and **medical forms** to:

Nursery School of the Nyacks
 c/o Grace Church
 130 First Avenue
 Nyack, NY 10960

A \$75 deposit is required to hold a place and the balance will then be due on June 22nd. No refunds after June 22nd.

If you enroll in the 4-day a week option for 4 or more weeks the tuition will be discounted 10%.

If you have any questions please email the Membership Coordinator at enrollment@nurseryschoolofthenyacks.org.



MEDICAL

This form is to be completed by your child's Physician or Nurse Practitioner.

Child's name:

Please list relevant medical

problems: _____

Can he/she participate fully in a nursery school

program? _____

Does the child have any

allergies? _____

Is there anything special regarding this child that the NSN Staff should be aware of? (i.e. bee stinging hypersensitivity, peanut allergy, etc.)

IMMUNIZATIONS:

Do you vaccinate your child? Yes _____ No _____

(If yes, please attach immunization record).

Promptly report any relevant changes about your child's medical information to the staff.

Health Provider's Signature _____ Date _____

Parent's Signature _____ Date _____