

Columbia Grammar Summer Camp 2009

Please return no later than **April 6th** to:

Columbia Grammar Summer Camp • 26 West 94th Street • New York, NY 10025

Phone # (212) 749-6200 ext. 225 • Fax # (212) 961-3105

Application Form

(Please type or print)

Name of Camper: _____ Male Female

Age as of June 1, 2009: _____ years _____ months (child must be 4 years old by June 1, 2009)

Grade as of September 2009 Pre-K K Grade 1 Grade 2 Grade 3 Grade 4 Current School _____

Parents' Names: _____

Address _____ Apt. # _____ City _____ State _____ Zip _____

Home Tel. # _____ Bus. Tel. #1 _____ Bus. Tel. #2 _____

Cell Phone #1 _____ Cell Phone #2 _____

In Case of Emergency

Contact Person _____ Relationship to Applicant _____ Tel. # _____

Session Attending

Session I 3 weeks June 15 - *July 3 \$2,100 Please enter total number of weeks attending: _____

Session II 3 weeks July 6 - July 24 \$2,100 *Closed Friday, July 3rd.

Session III 6 weeks June 15 - July 24 \$3,700

Early Registration Discount Register by Friday, February 6th, and receive a 10% discount.

Health Information

Physician's Name _____ Tel. # _____

Health/physical issues, special needs, allergies, _____

Placement Request

If you are requesting that your child be placed with another child, we will do our best to honor **ONE** placement request. The request must come from both families **and** it will be helpful to us if both families submit their application at the same time. **We cannot entertain multiple requests.** We cannot guarantee that we can honor your placement request, however we will do our best to accommodate you. Campers are placed based on the grade they are entering in September.

Enter **ONE** placement request: _____

Terms of Agreement

I have read and understand all the terms and conditions of enrollment outlined on this application and in the camp brochure. I have included a non-refundable fee of \$500. There is a minimum enrollment of 3 weeks (by session). Full payment must be received by **Monday, April 27th**. New York State requires that proof of immunization against DPT, Polio, Measles, Mumps, Hepatitis B, HIB and Rubella be on file with the camp nurse **before** camp begins. A record of immunization is required on the camp medical form. I understand that Columbia Grammar Summer camp is **not** a peanut free camp. Medical form is due back by **Monday, May 11th**. Campers will not be permitted to begin camp until we receive completed medical form. I understand that the camp reserves the right to withdraw a child from camp for on-going disruptive behavior. The camp also reserves the right to make any program and/or schedule changes if necessary. No refunds will be issued for absences, changes, withdrawals, or terminations. Please make check payable to Columbia Grammar School.

Parent Signature _____

Date _____