Fall Mini-Camp

Programs for November 6th and 12th 2012
For children in Kindergarten - 6th Grade

Price includes: Admission, Bus Transportation & Staff

Members/ After School:
$55.00 per day
Non– Members
$60.00 per day
Extended Day Care
Early Arrival: 8:00-9:00a.m.
Late Stay 5:00-6:00p.m.
Extended Day Care Fee*

- $2.00 for early arrival
- $2.00 for late pick up per day, per child for ALL participants

Election Day

Tuesday, November 6, 2012

" Wreck-It Ralph " at the Main Street Movie Theatre

& Bowling at Whitestone Lanes

Bring a kosher lunch and drink

9:00am – 5:00pm

Arrive by 9:00am Sharp

Veterans Day

Monday, November 12, 2012

" Long Island 's Laser Bounce "

Indoor Amusement Center

Bring a kosher lunch and drink

9:00am – 5:00pm

Please make sure all children have socks and sneakers!

Please use a separate form for each child. NO REFUNDS without 24 hours notice. There will be a $5.00 charge on all refunds. You may use your payment as a credit for another day if your child is unable to attend. All credits must be used within 6 months. The Y is not responsible for personal property (such as video games, toys, music players, etc.) that children bring to the program. We strongly advise they not be brought.

Child's Name_____ Age_____ Grade_____
Parent's Name_____ Home #:_____ Cell or Work#:_____
Does your child have any allergies? _____ If yes please list them:_____
Email Address:_____ Would you like to receive mini-camp emails & updates? _____
Address_____ City _____ State _____ Zip _____
Emergency Contact_____ Relationship to child:_____ Tel_____

November 6, 2012
$55 Member-After School / $60 Non-Member
___ AM Extended ___ PM Extended

November 12, 2012
$55 Member-After School / $60 Non-Member
___ AM Extended ___ PM Extended

Emergency Authorization Form [Must be signed by Parent or Guardian] : In case of emergency, I hereby authorize the doctor or hospital to which my child may be brought (and whomever they designate as their assistants) to perform any emergency procedures or to operate; to give treatment; and to administer an anesthetic to my child during his/her participation in the Y program.

Credit Card # _____Exp. Date _____ CVN _____ Amount Paid $ _____

Signed:_____Relationship:_____

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