

STEP 1: General Information 2012 REGISTRATION FORM CSTL's Discovery Summer Camp



Child's Last Name _____ First Name _____ Date of Birth ____/____/____ Age in June ____ Male Female

Parents' (guardian) Names: _____

E-Mail (Required): _____

Street Address: _____ City: _____ Zip Code: _____

Home Phone: (____) _____ Emergency Phone: (____) _____

Physician's Name: _____ Address: _____ Phone: _____

Any allergies (food, drugs, plants, insects, etc) _____

Any additional health information or considerations _____

Please list any people you wish to authorize to pick-up your child (ID must be shown at pick-up) please print:

Full Name: _____ Full Name: _____ Full Name: _____

Full Name: _____ Full Name: _____ Full Name: _____

STEP 2: Select Camp Sessions (a deposit of \$100/session is required to receive the rates below)

| | Check or Cash Discount Registration | Registration Balances paid by credit card |
|---|--|--|
| <input type="checkbox"/> Session A: June 25-July 6 (closed July 4) | \$575. | \$598. |
| <input type="checkbox"/> Session B: July 9-July 20 | \$595. | \$618. |
| <input type="checkbox"/> Session C: July 23-August 3 | \$595. | \$618. |
| <input type="checkbox"/> Session D: August 6- Aug. 17 | \$595. | \$618. |
| <input type="checkbox"/> Session E: August 20- Aug. 24 | \$287 | \$299. |
| <input type="checkbox"/> Session F: August 27- Aug. 31 | \$287 | \$299. |
| <input type="checkbox"/> Extended Care: From 4pm - 5pm, Add \$10/day | | |
| Total Tuition(s) = \$ _____ | | |

STEP 3: Terms of Agreement

- **Deposit.....A \$100 PER-SESSION, non-refundable deposit is due with submission of this registration form.**
- **Your Balance is Due June 11, 2012**
- **Late Fees....A \$75 per session late fee is applied to unpaid balances postmarked after June 11 2012. Balances not paid in full by June 23, 2012 are subject to cancellation of enrollment. A \$35 fee will be assessed for each returned check.**
- Parents are responsible for providing snack, lunch, and transportation.
- Permission is granted for CSTL to take and use photographs for its publicity and marketing purposes (no names will be used).
- Permission is granted for any day trips, athletics, and experiences that are part of the camp program.
- CSTL reserves the sole and exclusive right to dismiss students for improper behavior, either by the camper, their siblings, or their parent(s). Reasons would include (but are not limited to): persistent incivility to staff or students, or misuse of materials.
- CSTL is not responsible for any lost or stolen property.
- In the event of an emergency, I authorize CSTL to administer prescribed medications or obtain through emergency personnel such medical care and/or first aid as is necessary for the welfare of the child during camp.
- I understand that my child will be exposed to group activities and activities that may be new to my child. I accept that my child's participation in camp activities and events is made in full knowledge of their inherent risks and perils.
- I hereby guarantee my child's medical fitness as a prerequisite to my child's participation in the camp's activities. And further, as a condition of his/her participation, I hereby agree to hold harmless severally and individually, CSTL and its employees and agents from any and all liability including a prejudice of any kind whatsoever arising from my child's participation in the activities and events of the camp. I understand that the staff will not administer medication unless in case of an emergency from allergic reaction.
- I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this agreement shall be resolved exclusively by binding arbitration in New York, Nassau County, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state.
- **Refunds: Will be granted on the following schedule and with receipt of a written, signed request.**
 - Full refund: up to June 11 '12
 - 50% refund: up to June 15 '12
 - 25% refund: up to June 22 '12
 - 0% refund: All tuition is non-refundable after June 23, 2012, without exception.

I agree to the **Terms of Agreement** by signing below:

Parent (guardian's) Signature: _____ Date: _____

STEP 4: Mail Payment To.... CSTL 1 Tanglewood Rd. Rockville Centre N.Y. 11570 Payment

By Check..... Checks payable to CSTL. A \$35 fee will be assessed for each returned check.

Credit Card..... Visa MC Amex Discover Card #: _____ Exp. Date: _____ Security # _____

I Give CSTL permission to charge my Credit Card the amount of \$ _____ .00 **Signature:** _____