

2019 Registration Form

NEW EXPERIENCES FOR SUMMER CAMP 2019

Your Child Will Enjoy

DINOSAURS!

And Animal Adventure Exhibit



EARLY BIRD REGISTRATION ENDS SOON!

**GREAT TRIPS AND
SPECIAL GUESTS**

**17 ACRES OF HIKING AND
EXPLORING THE OUTDOORS**

**AGE APPROPRIATE
HANDS-ON SCIENCE**

**15 KIDS TO 2 TEACHERS
9AM TO 4PM
EXTENDED CARE 4 TO 5PM AVAILABLE**

Child's Last Name _____ First Name _____

Date of Birth ___/___/___ Male Female

Parents' (guardian) Names: 1. _____ 2. _____

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

Full Name: _____ Full Name: _____

Full Name: _____ Full Name: _____

Street Address: _____ City: _____ Zip: _____

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

Child's Physician: _____ Address: _____

Physician's Phone: (____) _____ List any allergies (food, drugs, plants, insects, etc) _____

Is the child you are enrolling a child with special needs? If so please explain: _____

Please describe any additional health and wellness information: _____

A confirmation will be emailed to you (print email): _____

<input checked="" type="checkbox"/> Select Sessions full payment required upon registration for Early Bird rate		
9am - 4pm (extended care available 4-5PM)	Early Bird By April 1st	After April 1st
Session A1: June 24-Jun 28	<input type="checkbox"/> \$328	<input type="checkbox"/> \$385
Session A2: July 1-July 5 (closed July 4th)	<input type="checkbox"/> \$263	<input type="checkbox"/> #307
Session B: July 8-July 19	<input type="checkbox"/> \$613	<input type="checkbox"/> \$714
Session C: July 22-August 2	<input type="checkbox"/> \$613	<input type="checkbox"/> \$714
Session D: August 5- Aug. 16	<input type="checkbox"/> \$613	<input type="checkbox"/> \$714
Session E: August 19- Aug. 23	<input type="checkbox"/> \$306	<input type="checkbox"/> \$357
Session F: Aug. 26 – Aug. 30	<input type="checkbox"/> \$306	<input type="checkbox"/> \$357
<input type="checkbox"/> Extended Care Optional: From 4pm - 5pm, \$53 for session A1, \$42-A2, \$105 for session B or C or D, \$53 for E or F		
Total Due = \$ _____		

Terms of Agreement – read carefully, please make a copy for your records

- A. CSTL Summer staff cannot provide one-on-one supervision and are not trained for children with special needs.
- B. CSTL cannot guarantee class placement of your child according to special requests.
- C. Payment in full, upon registration, is required for Early Bird Rate. Early Bird ends April 1st.
- D. A \$150 PER-SESSION, non-refundable deposit is due with submission of this registration. Early Birds pay in full.
- E. **Late Fee**....A \$75 late fee is applied to unpaid balances postmarked after June 1. Balances not paid in full by June 1, are subject to cancellation of enrollment. A \$35 fee will be assessed for each returned check.
- F. **Changes**....A \$15 per session **change fee** is charged for each session switched. Changes must be requested in writing.
- G. Parents are responsible for providing snack, lunch, and transportation.
- H. Permission is granted for CSTL to take and use photographs for its publicity and marketing purposes.
- I. Permission is granted for any day trips, athletics, and experiences that are part of the camp program.
- J. CSTL reserves the sole and exclusive right to dismiss students for improper behavior, either by the camper, their siblings, guardian, or their parent(s).
- K. CSTL is not responsible for any damaged, lost, or stolen property. Cell phones and video games are prohibited.
- L. 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.
- M. 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.
- N. I hereby guarantee my child's 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.
- O. 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.
- P. **Refunds:** Will be granted on the following schedule and with receipt of a written and signed request. All deposits are non-refundable.
 - 75% refund: April 16-30
 - 50% refund: May 1-15
 - 25% refund: May 16-31
 - 0% refund: All tuition is non-refundable after June 1, without exception.**

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

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

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 permission to charge my Credit Card\$ _____ .00

Signature: _____

Mail To: CSTL 1450 Tanglewood Rd. Rockville Centre NY 11570