

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"/> <b>Select Sessions</b>		
9am - 4pm (extended care available 4-5PM)		
Session A1: June 24-Jun 28	<input type="checkbox"/>	\$328
Session A2: July 1-July 5 (closed July 4th)	<input type="checkbox"/>	\$263
Session B: July 8-July 19	<input type="checkbox"/>	\$613
Session C: July 22-August 2	<input type="checkbox"/>	\$613
Session D: August 5- Aug. 16	<input type="checkbox"/>	\$613
Session E: August 19- Aug. 23	<input type="checkbox"/>	\$306
Session F: Aug. 26 – Aug. 30	<input type="checkbox"/>	\$306
<i>Extended Care Options</i>	Session A1	Session A2
4 PM - 5PM:	Session B, C or D	Session E or F
		<b>Total Due:</b>

**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.
- D. A \$150 PER-SESSION, non-refundable deposit is due with submission of this registration.
- 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.

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**