



14th Street Y
344 East 14th Street, New York, NY 10003
(212) 780-0800 www.14StreetY.org

New Country Day Camp

Tuesday, June 29, 2010 – Friday, August 20, 2010

How to Register

1. Complete a separate registration form for each child.
2. Add up the total due for registration, taking into account any reductions for early bird, member or sibling discounts. When paying the deposit, please note the date that the remainder is due May 2, 2010. Early bird discounts are offered on the condition that you pay the full fee by Monday, March 1st, 2010. Non-early bird registrations require full payment by Monday, May 2, 2010. **If you register after May 1st, your registration will be processed only if two completed health forms and full payment accompany it.**
3. Indicate which session(s) you wish your child to attend. You may extend into additional sessions after the start of camp, provided that space is available on the bus route serving your neighborhood.
4. No pro-rating of tuition will be allowed for late start dates or vacations.
5. Two completed current Department of Health medical forms are required for each child. The parent or guardian must complete and sign the front side of the form. The back of the form requires your child's medical information from his/her pediatrician. It is acceptable to attach a print out from your child's doctor, rather than having the doctor fill out this portion. Please make sure that the print out has your doctor's signature and the form is less than 12 months old. *If your doctor's signature is dated for June, July or August 2010, we require you to submit an updated version to the camp office before the form reaches its 12 month expiration date. Any medical forms that have a dated signature that is more than 12 months old are invalid, and your child may not attend camp until an updated form is received by the camp office. **A \$20 late fee will be charged to all families whose complete medicals forms submitted after June 1st, 2010.** (exceptions will be made for children with June, July, and August birthdays). **Be aware that your child will not be permitted to attend camp if you have not provided the camp with two Department of Health medical forms.***
6. Send your registration form, payment, the bus discharge form, and **two Department of Health Medical Forms** (each signed by both your doctor and yourself) to *Attention: Jessica Wolf, Camp Director, New Country Day Camp, 344 E. 14th St., New York, NY, 10003*. Please keep a copy of all forms submitted.
7. Letters will be sent out in June with bus routes, times, a parent manual and other relevant information. Bus times can only be confirmed once we have an indication of which stops the campers will be using. Each camper will receive one set of all camp information/materials which will only be sent to the camper's primary address.
8. Health forms received after June 1st will incur a \$20 late fee.
9. The New Country Day Camp is a mainstream camp. Please discuss your child's special needs with the Camp Director to make sure New Country will be a good fit.

10. Children will need to bring their own lunch each day, with the exception of Wednesdays which are hot dog cookout days (weather permitting) and the last day of each session where we will have a pizza party lunch. Note: vegetarian option is available for Wednesday cookouts.

11. Some financial aid is available. Please request a financial aid application from the Camp Director, Jessica Wolf at: Jessica_Wolf@14StreetY.org or 212-780-0800 ext 4355. All documentation must be received by April 1, 2010.

12. We are happy to assist you with any questions or concerns you may have. Please contact:

Jessica Wolf, Camp Director Jessica_Wolf@14StreetY.org 212-780-0800 ext 4355

Open House Information

During the pre-camp season, open house walks are scheduled so that potential campers and their parents may visit the site and see what makes it so special. The walk is usually led by the camp director and includes a question and answer session.

Spring Walk Dates: Sundays – April 18th, May 5th, and June 6th.

Walks take approximately one hour. Times will be announced closer to the tour dates. Note that the campgrounds cannot accommodate strollers due to unpaved roads and rough terrain. Please call the office at 212 780-0800, ext 4355 to pre-register for walk, and call the day of the walk to confirm.

Info Session at the 14th Street Y- January 24th, and February 10th.

Camp representatives will be at the Y able to answer any of your questions about camp. Please call or email for more information.

Jessica Wolf, Camp Director Jessica_Wolf@14StreetY.org 212-780-0800 ext 4355

New Country Day Camp

Tuesday, June 29, 2010 – Friday, August 20, 2010

Camper Information

Last Name _____ First Name _____
Age _____ Sex M _____ F _____ Date of Birth ____/____/____ Grade in September '10 _____
Address _____ Apt # _____
City _____ State _____ Zip Code _____ School Attends _____

Session Enrollment

- Full Summer** Tuesday, June 29th – Friday, August 20th _____
- Session 1** Tuesday, June 29th – Friday, July 16th _____
- Session 1 Add on week** Monday, July 19th- Friday, July 23th _____ must be enrolled Session 1
- Session 2** Monday, July 19th – Friday, July 30st _____
- Session 2 Add on week** Monday, August 2rd- Friday, August 6th _____ must be enrolled Session 2
- Pre- Week for Session 3*** Monday, July 26th- Friday, July 30th _____ must be enrolled Session 3*
- Session 3** Monday, August 2rd – Friday, August 20st _____
- Session 1 & 2** Tuesday, June 29th – Friday, July 30st _____
- Session 2 & 3** Monday, July 19th – Friday, August 20st _____
- Session 1 & 3** Tuesday, June 29th – Fri., July 16th; Mon., August 2rd – Fri., August 20st _____
- After-camp @the Y** Available for all dates (until 6pm) child is registered for camp _____

*pre week for session 3 is only available for returning campers who are in 2nd grade and above.

Bus Information: (Refer to bus discharge form)

Bus Route : _____

Name of Bus Stop Pickup _____ Name of Bus Stop Drop-off _____

Unit Selection

Choose only one unit to start the season. Units 1- 5 may be changed each week as camper desires.

Sports _____ Camping, Cooking & Pioneering _____ Gymnastics _____ Arts & Crafts _____

Theater Workshop _____ Martial Arts _____ **Newcomers*** _____

*Children entering Kindergarten or 1st grade in September '10 must join Newcomers. Children entering 2nd grade and above in September '10 choose one of the other units to start the summer and may change units each week.

Group my child with (Applies to Newcomer campers entering grades K and 1 only)

1. _____ 2. _____

T-Shirt Size: Child Sizes: 6-8, 10-12, 14-16 Adult Sizes: Small Medium Large X- Large

I give permission to publish my child's name and phone number in a camp roster: Yes ___ No ___.

Signature of parent or guardian _____ Relationship _____ Date _____

My child has an IEP* Yes _____ No _____

*if the answer is yes, please enclose a copy.

Any other information about your child that you feel it is important for us to know (i.e., dietary restrictions, special concerns or needs)

Parent or Guardian Information

1st Parent/Guardian Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

Place of work _____ Profession _____

E-mail address _____

2nd Parent/Guardian Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

Place of work _____ Profession _____

E-mail address _____ Child Lives with _____

Emergency Contact (in case we can't reach child's parent)

Emergency Contact # 1* Name _____ Relationship _____

Phone # _____ Cell # _____

Emergency Contact # 2* Name _____ Relationship _____

Phone# _____ Cell # _____

Medical Information

Camper's Medical Alerts/Allergies _____

Medications _____ Dosage _____



Permission for activities required by the N.Y.C. Department of Health

Each line must be signed.

I give my permission for my child (name) _____:

1. To participate in the swim program of The Educational Alliance New Country Day Camp.

Parent/guardian's signature _____

2. To participate in the trips taken by The Educational Alliance New Country Day Camp.*

**Trips are usually taken on rainy days.*

Parent/guardian's signature _____

3. To participate in hikes taken by The Educational Alliance New Country Day Camp in the Staten Island Green Belt State Park, adjacent to the campgrounds (or similar such places).

Parent/Guardian's Signature _____

Referrals:

The following camp family referred us to New Country Day Camp: _____

This information is for statistical purposes only.

How did you hear about the 14th Street Y? (Please check all that apply)

Word of Mouth Live / Work in Area Member Referral Flyer or Postcard
 Print Advertising Direct Mail / Email Street Fair/ Event Website
 Other _____

Ethnicity: Asian Black White Hispanic Other _____

Religion: Interfaith Other _____ None Jewish Synagogue: _____

Household Income:

0 - \$13,999	\$14,000-\$24,999	\$25,000-\$ 39,999
\$40,000 – \$54,999	\$55,000 - \$74,000	\$75,000 - \$100,000
\$100,000 - \$125,000	\$125,000 and over	

Specific Interests (please check all that apply):

Arts and Jewish Culture Adult Education Afterschool and Youth Adult Health and Fitness
 Aquatics Japanese Family Center Preschool Parenting and Family Senior Programs
 Summer Camps



New Country Day Camp Contract Summer 2010

Please enroll my child in the New Country Day Camp for the period I noted in the registration form. I understand that a \$350 non-refundable deposit per child must accompany this application and that the balance, medical forms and additional forms must be submitted to the camp registrar by May 2, 2010 for my child to attend camp.

1. I have enclosed \$ _____ as initial payment for registration and assume responsibility for paying the balance by May 2, 2010 (or in full immediately, if I register my child after May 2, 2010). I understand that in order to receive the Early Bird rate that the fee must be paid in full by Monday, March 1, 2010.
2. Cancellations and refunds: A withdrawal for any reason will cause a forfeit of deposits and fees. There are no refunds or transfer of funds to other Y programs. Failure to pay in full according to the stated schedules will result in my child being withdrawn from the 2010. New Country Day Camp program with a complete loss of fees paid. If the Y cancels a program, refunds will be issued.
3. There is a \$20 fee per returned check or reversed credit card.
4. In case of illness, accident, or injury of any kind to the child while attending the New Country Day Camp, permission is granted for the staff to take the child to the camp nurse. The camp nurse may call a doctor or have the child taken to a nearby hospital for emergency treatment. It is understood that the camp staff and camp nurse will make every effort to reach a parent/guardian or emergency medical contact in the event of illness or injury to a child. If a child receives emergency medical attention resulting from an illness, accident or injury at New Country Day Camp, parents/guardians will assume all medical costs.
5. The 14th Street Y reserves the right to request withdrawal of a child at anytime during the camp season. In that event, parents or guardians will be responsible for payments covering the portion of the season attended.
6. I understand that the 14th Street Y may photograph and/or videotape my child in New Country Day Camp activities and use these photographs/videos for promotional and archival purposes without any financial obligation to the child or parents.
7. Permission is granted to the staff to exhibit or reproduce any artwork done by the child without any financial obligation to the child or parents.
8. I will inform the 14th Street Y of The Educational Alliance in writing of any changes in family, address, telephone numbers and email addresses.
9. I understand that in order to keep the member rate, my membership must be active throughout the duration of my child's enrollment in New Country Day Camp and I must become a member no later than the date of submitting my child's camp registration.

Parent or guardian (PRINT NAME): _____ Name of child: _____

Signature of parent or guardian _____ Relationship _____ Date _____



Tuition

Please see our 2010 New Country Day Camp Rate Sheet (attached) for fees, special early bird rates, and applicable discounts.

Contributions

We rely on your **tax deductible** contributions to enable children from economically disadvantaged families to attend camp. Any amount is greatly appreciated.

Calculation of program cost: *Start with Early Bird and/or Member rate if applicable.*

Full Summer	\$ _____
Session 1	\$ _____
Session 2	\$ _____
Session 3	\$ _____
Session 1 & 2	\$ _____
Session 2 & 3	\$ _____
Session 1 & 3	\$ _____
After camp	\$ _____
Add on week	\$ _____
REGISTRATION SUBTOTAL	\$ _____
Less 10% sibling discount for one additional child	\$ (_____)
Less 15% sibling discount for second additional child	\$ (_____)
Tax deductible contribution to sponsor a child in camp	\$ _____
TOTAL	\$ _____

Make all checks payable to: **The Educational Alliance**
 MEMO: New Country Day Camp
 344 East 14th Street
 New York, NY 10003

Payment plans available for full summer programs only.

Plans are available with up to 3 installments (maximum). The first installment is due at the time of registration, *plus a \$50 administrative fee*. The remaining installments are due on the 1st of every month, and final payment must be completed by June 30, 2010. To set up a payment plan, please contact the camp director.

If you have any questions, please call the camp office at **(212) 780-0800, ext 4355**





Credit Card Authorization Form

Deposit or Full Payment

I _____ authorize the 14th Street Y to charge my credit
(Please print)

card \$ _____ for New Country Day Camp for _____
(Child's name)

American Express MasterCard Visa

Credit Card Number: _____ Exp. Date: ____/____

Cardholder's Name (as it appears on card): _____

Home # _____ Work # _____ Cell # _____

Client Signature _____ Date _____

Remaining Balance Payments Only

I _____ authorize the 14th Street Y to charge my credit
(Please print)

card on May 1, 2010 \$ _____ for the remaining balance tuition New Country Day Camp
for _____
(Child's name)

American Express MasterCard Visa

Credit Card Number: _____ Exp. Date: ____/____

Cardholder's Name (as it appears on card): _____

Home # _____ Work # _____ Cell # _____

Client Signature _____ Date _____

Thank you for enrolling at New Country Day Camp! We look forward to an amazing summer.

