

# CAMP RIDGEWAY

465 Ridgeway, White Plains, NY 10605  
(914) 949-3134

Registration Fee - \$50  
Early Drop Off – (8:00) - \$10/day  
Early Drop Off – (8:30) - \$7/day  
Half Day - \$240/week or \$48/day  
Half Day + Lunch - \$295/week or \$59/day  
Full Day - \$330/week or \$66/day  
Extended Day – (9:00-3:30)  
\$370/week or \$74/day  
Extended Plus – (9:00-4:00) \$410/week or  
\$82/day

## Enrollment Application – Summer 2017

Child's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Nickname (if used): \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

### EMERGENCY CONTACT (*other* than parent)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

What language other than English is spoken at home? \_\_\_\_\_

My child has the following health concerns (allergies, prescriptions...etc)...

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ENROLLMENT DEADLINE: MAY 26, 2017**

# SCHEDULE OPTIONS

**ENROLLMENT DEADLINE: MAY 26, 2017**

**SCHEDULE OPTIONS TIMES:**

Half Day – 9:00 - 12:00  
Half + Lunch – 9:00 - 1:00  
Full Day – 9:00 - 3:00  
Early Drop Off (EDO) at 8:00 AM or 8:30 AM may be added

Extended Day – 9:00 - 3:30  
Extended Plus – 9:00 - 4:00

**PLEASE CHECK ONE OF THE FOLLOWING:**

**2 days – ANY 2 DAYS \_\_\_\_\_**

**3 days – ANY 3 DAYS \_\_\_\_\_**

**5 days - Mon - Fri \_\_\_\_\_**

**PLEASE CHECK THE SCHEDULE CHOICES FOR EACH WEEK YOU ARE REGISTERING:**

**Mini-camp 1 - Week of June 12<sup>th</sup>**

\_\_\_ EDO (8 or 8:30 – circle one) \_\_\_ Half \_\_\_ Half+ Lunch \_\_\_ Full \_\_\_ Extended \_\_\_ Extended Plus

**Mini-camp 2 - Week of June 19<sup>th</sup>**

\_\_\_ EDO (8 or 8:30 – circle one) \_\_\_ Half \_\_\_ Half+ Lunch \_\_\_ Full \_\_\_ Extended \_\_\_ Extended Plus

**\*There is no camp during the week of June 26<sup>th</sup> - Ridgeway Alliance Church Vacation Bible Camp is being held this week (look for flyers in the hall)**

**Week 3 - Week of July 5<sup>th</sup> (3 DAYS ONLY)**

\_\_\_ EDO (8 or 8:30 – circle one) \_\_\_ Half \_\_\_ Half+ Lunch \_\_\_ Full \_\_\_ Extended \_\_\_ Extended Plus

**Week 4 - Week of July 10<sup>th</sup>**

\_\_\_ EDO (8 or 8:30 – circle one) \_\_\_ Half \_\_\_ Half+ Lunch \_\_\_ Full \_\_\_ Extended \_\_\_ Extended Plus

**Week 5 - Week of July 17<sup>th</sup>**

\_\_\_ EDO (8 or 8:30 – circle one) \_\_\_ Half \_\_\_ Half+ Lunch \_\_\_ Full \_\_\_ Extended \_\_\_ Extended Plus

**Week 6 - Week of July 24<sup>th</sup>**

\_\_\_ EDO (8 or 8:30 – circle one) \_\_\_ Half \_\_\_ Half+ Lunch \_\_\_ Full \_\_\_ Extended \_\_\_ Extended Plus

**Week 7 -Week of JULY 31<sup>st</sup>**

\_\_\_ EDO (8 or 8:30 – circle one) \_\_\_ Half \_\_\_ Half+ Lunch \_\_\_ Full \_\_\_ Extended \_\_\_ Extended Plus

**Week 8 - Week of August 7<sup>th</sup>**

\_\_\_ EDO (8 or 8:30 – circle one) \_\_\_ Half \_\_\_ Half+ Lunch \_\_\_ Full \_\_\_ Extended \_\_\_ Extended Plus

**CAMP RIDGEWAY TUITION AGREEMENT BETWEEN  
PARENTS AND  
RIDGEWAY NURSERY SCHOOL & KINDERGARTEN**

1. I give permission for Ridgeway Nursery School & Kindergarten to seek emergency treatment for my child.
2. I assume all responsibility for my child enroute to and from school.
3. I understand that I must remit a **non-refundable deposit equal to one week's camp tuition + a \$50 registration fee** along with the camp application in order for my child to be registered at camp. NO spaces will be held without full payment of the deposit.
4. I understand that **ALL** camp fees are to be paid **IN FULL** by June 1st. Non-payment of these camp fees will result in forfeiture of your child's space at camp.
5. Refunds will be made only if your child's space can be filled by another camper. The deposit is non-refundable.
6. Like all schools, adjustments in payment cannot be made due to illness or holidays.  
NO REFUNDS OR DISCOUNTS ARE ALLOWED DUE TO REASON OF TEMPORARY ABSENCE.
7. The following people are allowed to pick up my child if I am unable to do so:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

I UNDERSTAND THE POLICIES AS SET FORTH IN THIS AGREEMENT:

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_