



DAY CAMP

2010 REGISTRATION FORM

1620 Newfield Avenue Stamford, CT 06905 203.322.6941 x 106

Website: www.italiancenter.org Email: daycamp@italiancenter.org

Each camper must have their own camp registration and the emergency contact form & all information completed in order to be processed.

Camper Name _____	2009/2010 Grade _____	Sex _____
Current School _____	Birth Date _____	Age _____
Home Address _____	Street _____	City _____ State _____ Zip Code _____
Home Phone _____	Family Email _____	
Mother's Name (Mrs., Ms.) _____	Home Phone _____	
Cell Phone _____	Work Phone _____	Email _____
Father's Name (Mr.) _____	Home Phone _____	
Cell Phone _____	Work Phone _____	Email _____

	<u>2010 CAMP DATES & FEES</u>	<u>Member*</u>	<u>Non Member</u>
8 Week Program:	Monday, June 28 – Thursday, August 19	\$2,400	\$3,200
6 Week Program:	Choose any Three 2-week sessions	\$2,200	\$2,700
4 Week Program:	Choose any Two 2-week sessions (Fee is total of the two sessions chosen)	\$1,500 - \$1,650	\$1,950 - \$2,050
2 Week Program:	Monday, June 28 – Friday, July 9 (1 st)	\$750	\$925
	Monday, July 12 – Friday, July 23 (2 nd)	\$825	\$1,025
	Monday, July 26 – Friday, August 6 (3 rd)	\$825	\$1,025
	Monday, August 9 – Thursday, August 19 (4 th)	\$750	\$925

A Sibling Discount of \$25.00 per additional child per 2 week session will be applied.
5% Early Bird Discount will be applied for accounts paid in full on or before Wednesday, March 31.
 *You must be and remain a current member of the IC throughout the entire camp season to receive the member rate.

Day Camp Hours are 9:00am to 4:00pm ~ Rain or Shine
 The first day of camp is contingent upon the closing of the Stamford public schools. Camp is not in session on Monday, July 5.
 Camp ends at 2:00pm on Thursday, August 19 for all campers

An Extended Day Program is available to a limited number of campers for \$155 - \$170 per camper per two week session.
 The early bird discount does not apply to any extended day program fees.

The Day Camp is located at the Italian Center picnic grounds on the lower field.

SESSION REQUEST

Please indicate what session(s) you would like to attend

_____ **8 Week Session** ~all 4 sessions

_____ **6 Week Session** ~ choose any 3 sessions
[] 1st session [] 2nd session [] 3rd session [] 4th session

_____ **4 Week Session** ~ choose any 2 sessions
[] 1st session [] 2nd session [] 3rd session [] 4th session

_____ **2 Week Session** ~ choose any 1 session
[] 1st session [] 2nd session [] 3rd session [] 4th session

EXTENDED DAY PROGRAM

Early Drop off anytime between 8:00am-8:50am and late pick up anytime between 4:00pm -5:00pm

[] I request the Extended Day Program **Please indicate which session(s)**

[] 1st Session \$155.00 [] 2nd Session \$170.00 [] 3rd Session \$170.00 [] 4th Session \$155.00

ITALIAN CENTER MEMBERSHIP STATUS

The family must be a current member at the time of camp registration and must remain members through the camp season.

[] Current I.C. Member IC Membership Number _____ Exp. Date _____ [] Non Member

ADDITIONAL CAMPER INFORMATION

Please respond to each of these questions to best help us provide a safe and fun camp environment for all campers.

In order to better help your camper, please share any and all information or special circumstances regarding this camper. This should include any social or behavioral concerns, physical or medical issues, family situations, etc.

Does this camper have any known allergies? [] Yes [] No If yes, please explain in detail

Please add any additional comments or concerns that will help our staff help your child.

By signing this registration form, I understand that I am agreeing to the following:

- A \$400.00 deposit along with this registration form is required in order to register my camper.
- All deposits and fees are non-refundable and non-transferable for any reason, including but not limited to camp closings, absences, family vacations or camper withdrawals.
- **All accounts must be paid in full by Friday, May 21, 2010.**
- **Each camper must have a valid health form on file by Friday, May 21, 2010.**
- I understand that if my camper has food allergies, I must provide all snacks and food for my camper.
- I hereby permit my camper to participate in all of the Day Camp activities and events while enrolled in the program. These activities can be onsite or offsite.
- I agree to abide by all of the I.C. Day Camp policies and procedures.
- I give permission for my camper to be included in camp pictures connected with the program.

PARENT/GUARDIAN SIGNATURE

DATE

*****DAY CAMP OFFICE USE ONLY*****

Deposit Amount \$ _____ Method [] Cash [] Visa [] MC [] Discover [] Check # _____
Name on check _____

Health Form on file dated _____ Emergency Form on file _____