



# NURSERY CAMP 2010

**CAMP DATES:** **Full Season:** June 29—August 18 (no camp on July 5)  
**Half Summer 1:** June 29 - July 23 (no camp on July 5)  
**Half Summer 2:** July 26 - August 18

## NURSERY CAMP AT THE Y ON NAGLE AVENUE

### NURSERY DAY CAMP (For 2 - 5 Year Olds)

	<u>Full Season</u>	<u>Half Summer 1</u>	<u>Half Summer 2</u>
Full Day (9 AM - 3:30 PM)	\$2,400	\$1,400	\$1,250
Half Day(9 AM -1 PM)	\$1,800	\$1,100	\$ 950
Morning 2s (9 AM -11:30 AM)	\$1,600	\$ 950	\$ 850

Transportation (round trip) is an additional \$300/one-way is \$175

### FAMILY MEMBERSHIP FEES

1 child in Y programs.....	\$200	
with Fitness Center.....	\$325 (individual)	\$375(couple)
2 or more children in Y programs.....	\$225	
with Fitness Center.....	\$350 (individual)	\$400 (couple)

### PAYMENTS

Payments for day camp are due as follows:  
 \$250 plus family membership upon registration  
 50% by May 1, 2010  
 Balance and Camper Paperwork due by June 1, 2010

### REMINDERS

- Families in need may arrange for extended payment plans at the time of registration.
- Register by March 31, 2010 for \$100 **discount** on Full Season or \$50 **discount** on either Half Summer 1 or Half Summer 2.
- A **late fee** of \$100 will be applied if payments and camper paperwork are not complete and submitted by June 1, 2010.
- Register after June 1, 2010 and a **late fee** of \$100 will be charged.

FEES FOR CAMP 2010



NURSERY CAMP REGISTRATION FORM 2010  
PLEASE COMPLETE AND RETURN TO THE Y

REGISTRATION FORM

Please check the times your child will be attending:

Morning 2's (9-11:30) \_\_\_\_\_ Half-day (9-1:00) \_\_\_\_\_ or Full Day (9-3:30) \_\_\_\_\_

Please check which session your child will be attending:

Full Season \_\_\_\_\_ Half Summer 1 \_\_\_\_\_ Half Summer 2 \_\_\_\_\_

Camper Information:

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
School \_\_\_\_\_ Birthday: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_  
Parent/Guardian's Name(s) \_\_\_\_\_  
Email Address(s) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Camper's Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Membership Information:

I am a current member of the YM & YMHA of Washington Heights & Inwood. Expires: \_\_\_\_\_  
I need to pay for membership: \_\_\_\_ 1 child in program \_\_\_\_ with fitness (single) \_\_\_\_ with fitness (couple)  
\_\_\_\_ 2 or more children \_\_\_\_ with fitness (single) \_\_\_\_ with fitness (couple)

Emergency Information:

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
My child is allergic to \_\_\_\_\_  
If my child has an allergic reaction I would like camp to \_\_\_\_\_

General Information:

Did your child attend Nursery Camp or Nursery School last year? \_\_\_\_\_  
Teacher's Name \_\_\_\_\_

I would like to sign up for bus transportation: Round trip \_\_\_\_\_ AM only \_\_\_\_\_ PM only \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am paying by check or credit card (please circle). (Initial Payment is \$250 plus membership)

I am including a check (payable to YM & YMHA of Washington Heights and Inwood) for \_\_\_\_\_.

I would like you to charge my Visa or Master Card the following amount \_\_\_\_\_.  
Card Member Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

**For Office Use Only:** Date application submitted: \_\_\_\_\_  
Membership + Camp Fee + Transportation - Less Early Discount + Late Fee = Total  
\_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ - \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
Initial Payment: \_\_\_\_\_ Balance Due: \_\_\_\_\_ Amount Due 5/1/10: \_\_\_\_\_ Amount Due 6/1/10: \_\_\_\_\_