

TARRYTOWN / SLEEPY HOLLOW SUMMER CAMPS

TOT CAMP

(now located @ John Paulding School)

Who:	Boys & Girls Ages 3 to entering Kindergarten		
When:	July 5th thru August 13th (six weeks)		
Time:	9:00am to 1:00pm		
Fees:	Resident:	\$100.00 per week per child	
	Non-Resident:	\$125.00 per week per child	\$10.00 discount each additional child
	Early Arrival (at 8:00am):	\$15.00 per week per child	
	Extended Day (until 3:00pm):	\$25.00 per week per child	



Note: For the TOT CAMP, you must sign up for a **minimum** of two (2) consecutive weeks. Child must be toilet trained.

DAY CAMP**

(now located @ Washington Irving School)

Who:	Boys & Girls entering 1st Grade to entering 7th Grade		
When:	July 5th thru August 13th (six weeks)		
Time:	9:00am to 3:00pm		
Fees:	Resident:	\$125.00 per week per child	
	Non-Resident:	\$150.00 per week per child	\$10.00 discount each additional child
	Early Arrival (at 8:00am):	\$25.00 per week per child	
	Extended Day (until 5:00pm):	\$35.00 per week per child	

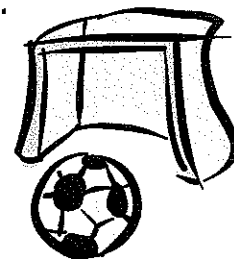


Note: For the DAY CAMP, you must sign up for a **minimum** of two (2) consecutive weeks.

**** Deadline for registering for Day Camp is June 1, 2010.
Registration will be on a "first come — first serve" basis.
Enrollment is limited to 215 campers.**

SPORTS CLINIC

Who:	Boys & Girls in 2nd Grade thru 6th Grade		
When:	July 5th thru August 13th (six weeks)		
Time:	Soccer, Football, Baseball / Softball from 9:00am to 11:30am Basketball, Tennis, Volleyball from 12:30pm to 3:00pm		
Where:	Losee Park & Pierson Park		
Fees:	Resident:	\$125.00 per week per child	
	Non-Resident:	\$150.00 per week per child	\$10.00 discount each additional child
	Early Arrival (at 8:00am):	\$25.00 per week per child	
	Extended Day (until 5:00pm):	\$35.00 per week per child	



Note: For the SPORTS CLINIC, you may sign up for one week at a time.

Please use the Summer Camp Registration Form on back.

NO registration will be accepted without the child's immunization record and payment.

For more information regarding camp, call The Tarrytown Recreation Department @ 914-631-8347
or call Mike McCoy @ 914-318-6265 or by e-mail: ttshsummercamps@yahoo.com.

TARRYTOWN / SLEEPY HOLLOW DAY CAMPS 2010 REGISTRATION FORM

(Please: One Child Registered Per Form)

PLEASE CHECK CAMP YOUR CHILD WILL BE ATTENDING:

TOT CAMP: _____ DAY CAMP: _____ SPORTS CLINIC: _____

NAME OF CHILD: _____

GRADE CHILD WILL BE ENTERING IN SEPTEMBER 2010 (if applicable): _____

CHILD'S BIRTH DATE: _____ AGE: _____ Circle One: MALE FEMALE

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: _____ WORK #: _____ CELL #: _____

PARENT/GUARDIAN NAME: _____

NAME OF EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE #: _____

PLEASE NOTE ANY MEDICAL INFORMATION: _____

***** NO REGISTRATION WILL BE ACCEPTED WITHOUT IMMUNIZATION RECORD AND PAYMENT.*****

CHECK THE WEEK(S) YOUR CHILD WILL ATTEND:

PLEASE NOTE: For Tot and Day Camp, you must register for a minimum of two (2) consecutive weeks

PAYMENT LEVEL: _____

WEEK # 1 July 5 to July 9:	_____	Early Arrival: _____	Extended Day: _____
WEEK # 2 July 12 to July 16:	_____	Early Arrival: _____	Extended Day: _____
WEEK # 3 July 19 to July 23:	_____	Early Arrival: _____	Extended Day: _____
WEEK # 4 July 26 to July 30:	_____	Early Arrival: _____	Extended Day: _____
WEEK # 5 August 2 to August 6:	_____	Early Arrival: _____	Extended Day: _____
WEEK # 6 August 9 to August 13:	_____	Early Arrival: _____	Extended Day: _____

Mail completed registration form to:

Tarrytown Recreation Department
PO Box 292
Tarrytown, New York 10591

WAIVER OF LIABILITY:

I hereby agree to hold harmless the Villages of Tarrytown & Sleepy Hollow, the respective Board of Trustees thereof, the agents, employees and volunteers from any claim whatsoever, for property damage or personal that I / my child may sustain as a result of his/her participation in the activities of the Tarrytown / Sleepy Hollow Day Camps, including swimming, field trips and/or other events sponsored in conjunction with the Tarrytown Recreation Department and the Sleepy Hollow Recreation Department.

SIGNATURE OF PARENT/GUARDIAN: _____ Date: _____

PLEASE NOTE: There are NO refunds except for illness. The refund request must be in writing and must be accompanied by a doctor's note. Any refund will be prorated based on the date received, with a \$10.00 processing fee attached.

REGISTRATION INFORMATION: (for office use only)

IMMUNIZATION RECORD RECEIVED: _____ PAYMENT LEVEL CONFIRMED: _____ DATE: _____

WEEK # 1 Paid: _____ Check #: _____ WEEK # 4 Paid: _____ Check #: _____

WEEK # 2 Paid: _____ Check #: _____ WEEK # 5 Paid: _____ Check #: _____

WEEK # 3 Paid: _____ Check #: _____ WEEK # 6 Paid: _____ Check #: _____