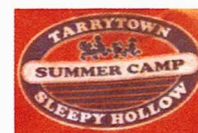


TARRYTOWN / SLEEPY HOLLOW DAY CAMP



Registration begins on Monday, April 3, 2017

CHANGE FOR 2017:

Camp will be divided into three 2 week sessions.
A child can register for any or all of the sessions.

- Who:** Boys & Girls entering the following grades in September 2017
1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th
- When:** July 10th thru August 18th
- Session A:** July 10th to July 21st
(Deadline to submit payment for Session A is June 30th)
- Session B:** July 24th to August 4th
(Deadline to submit payment for Session B is July 19th)
- Session C:** August 7th to August 18th
(Deadline to submit payment for Session C is August 2nd)
- Time:** 8:00am to 8:45 am: Drop off/ Attendance
9:00am to 3:00pm: Activities Begin
Extended Day: 3:00pm to 5:00pm
- Where:** Washington Irving School
- Fees:** Resident: \$260 per child per session
(\$20 discount for each additional child)
Non-Resident: \$320 per child per session
Extended Day: \$50 per child per session

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

For more information regarding camp, call Kelly Murphy @ 914-879-1965 or e-mail: ttshsummercamps@gmail.com.

PLEASE NOTE:

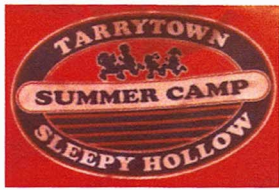
For Financial Aid information, parents MUST contact the Tarrytown Recreation Department @ 914-631-8347.

Deadline for Scholarships is FRIDAY, JUNE 2, 2017

Deadline to REGISTER for any or all Day Camp Sessions is FRIDAY, JUNE 30, 2017

NO NEW REGISTRATIONS WILL BE TAKEN DURING THE CAMP SEASON!!

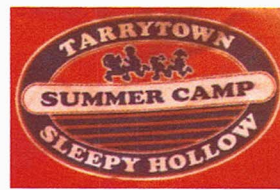
REGISTRATION FORM ON BACK



2017 TARRYTOWN / SLEEPY HOLLOW DAY CAMP REGISTRATION FORM

(Please: One Child Registered Per Form)

PLEASE PRINT LEGIBLY



Name of Child: _____

Circle the grade your child will be ENTERING in September 2017

1st 2nd 3rd 4th 5th 6th 7th 8th

Child's Birth Date: _____ Age: _____ Circle One: Male Female

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Parent / Guardian Name: _____

Email of Parent: _____

Name of Emergency Contact: _____

Emergency Contact Phone #: _____

Please Note any Medical Information: _____

*** NO REGISTRATION WILL BE ACCEPTED WITHOUT IMMUNIZATION RECORD***

Check session(s) child will be attending:

PLEASE NOTE: You must register for a Session (2 weeks). Deadline to register for camp is June 30, 2017

SESSION A

July 10th to July 21st

Extended Day: _____

SESSION B

July 24th to August 4th

Extended Day: _____

SESSION C

August 7th to August 18th

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: _____ Date: _____ Scholarship: _____

SESSION A Paid: _____ Check #: _____ Date: _____

SESSION B Paid: _____ Check #: _____ Date: _____

SESSION C Paid: _____ Check #: _____ Date: _____