



TARRYTOWN / SLEEPY HOLLOW TOT CAMP



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

Who: Boys & Girls Ages 3 to 5 (including those entering Kindergarten in 2018)
When: July 2nd thru August 10th

Session A:	July 2nd to July 13th	(maximum of 44 campers) (no camp on Wednesday, July 4th)
Session B:	July 16th to July 27th	(maximum of 44 campers)
Session C:	July 30th to August 10th	(maximum of 44 campers)

Time: 7:45am to 8:45 am: Early Riser
8:45am to 8:55am: Regular Drop Off
9:00am to 1:00pm: Activities Begin
1:00pm to 3:00pm: Extended Day

Where: John Paulding School

Fee: per session if paid by the following dates:

June 1st to June 15th:

Resident:	\$300per child per session	(\$20 discount for each additional child)
Non-Resident:	\$350 per child per session	
<u>Early Riser Fee:</u>	\$30 per child per session	(maximum of 20 campers)
<u>Extended Day Fee:</u>	\$60 per child per session	(maximum of 25 campers)

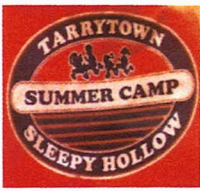
NO registration will be accepted without the child’s immunization record.

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

PLEASE NOTE: For SCHOLARSHIP IFORMATION, parents **MUST** contact the Tarrytown Recreation Department @ 914-631-8347. Deadline for Scholarships is **FRIDAY, June 1, 2018**

Deadline to **REGISTER** for any or all Day Camp Sessions is **FRIDAY, JUNE 15, 2018**

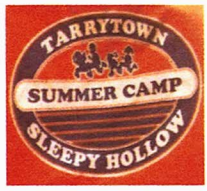
NO NEW REGISTRATIONS WILL BE TAKEN DURING THE CAMP SEASON!!



2018 TARRYTOWN / SLEEPY HOLLOW TOT 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 2018 Pre-K Kindergarten

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 15, 2018

SESSION A

July 2nd to July 13th _____ Early Riser: _____ Extended Day: _____

SESSION B

July 16th to July 27th _____ Early Riser: _____ Extended Day: _____

SESSION C

July 30th to August 10th _____ Early Riser: _____ Extended Day: _____

Mail completed registration form with payment to address below. This registration is dependent upon the number of campers previously registered and does NOT guarantee a spot in your requested session. We encourage early registration.

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: _____