



# TARRYTOWN / SLEEPY HOLLOW TOT CAMP



Registration begins on Monday, April 2, 2018

**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 10<sup>th</sup>

**Session A:** July 2nd to July 13th (maximum of 44 campers)  
(no camp on Wednesday, July 4th)

**Session B:** July 16<sup>th</sup> to July 27<sup>th</sup> (maximum of 44 campers)

**Session C:** July 30<sup>th</sup> to August 10<sup>th</sup> (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:

**April 2nd to April 30th:**

Resident: \$260 per child per session (\$20 discount for each additional child)

Non-Resident: \$310 per child per session

**May 1st to May 31st:**

Resident: \$280 per child per session (\$20 discount for each additional child)

Non-Resident: \$330 per child per session

**June 1st to June 15th:**

Resident: \$300 per child per session (\$20 discount for each additional child)

Non-Resident: \$350 per child per session

**Early Riser Fee:** \$30 per child per session (maximum of 20 campers)

**Extended Day Fee:** \$60 per child per session (maximum of 25 campers)

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

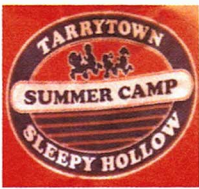
For more information regarding camp, call Kelly Murphy @ 914-879-1965 or e-mail: [ttshsummercamps@gmail.com](mailto:ttshsummercamps@gmail.com).

**PLEASE NOTE:** For SCHOLARSHIP INFORMATION, 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**

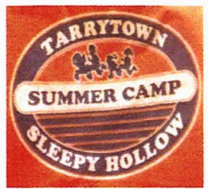
**NO NEW REGISTRATIONS WILL BE TAKEN DURING THE CAMP SEASON!!**



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.

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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: \_\_\_\_\_