

Walk-in Registration only:
 Port Washington Children's Center (PWCC)
 232 Main Street
 Port Washington, NY 11050
 Phone: (516) 883-4864



SUMMER 2019 REGISTRATION

Child's First Name:	Child's Last Name:	Date of Birth:	Please Circle: M or F	Grade in Sept. 2019:
Mailing Address:				
Parent/Guardian:		Parent/Guardian:		
Cell #:	Work #:	Cell #:	Work #:	
Primary E-mail :		Program Desired:		
Please circle Size and Style: T-Shirt Size: S M L XL T-Shirt Style: Youth or Adult		Sound Sailors Half Day (Pre K Only) <input type="checkbox"/>		
		Sound Sailors Full Day (Pre K-3rd) <input type="checkbox"/>		
		Bay Buccaneers Full Day (4th-6th) <input type="checkbox"/>		

FEES

Effective this year, **all applications MUST be submitted in person** to our Main Office located in the Landmark Building, 232 Main Street. Registration will begin the evening of January 15, 2019. Visit our website at www.pwchildrenscenter.org for registration details.

Register and Pay in Full by April 1, 2019

Sound Sailors Half Day Pre-K Program: Full Session \$1,085; Mini Session \$670
Sound Sailors: Full Session \$1,900; Mini Session \$1,130
Bay Buccaneers: Full Session \$2,010; Mini Session \$1,155

Any applications received after April 1, 2019 or any changes made after June 14, 2019 will incur an additional processing fee of \$100. Transportation cannot be guaranteed for registrations received after April 1, 2019.

Enroll a Third Child: Enroll 3 or more children and receive a \$50.00 discount when registering children for a full session and a \$25 discount when registering children for a mini session with full payment made by April 1, 2019.

Refunds: Withdraw prior to May 15, 2019 and receive a full refund minus a non-refundable \$200.00 processing fee. NO REFUNDS AFTER May 15, 2019.

Scholarships: Financial assistance may be available on an individual basis. Contact our Main Office at 516-883-4864 for assistance.

Session Selected:			
Sound Sailors Half Day (Pre K only)	Full \$1085 <input type="checkbox"/> Mini-1 \$670 <input type="checkbox"/> Mini-2 \$670 <input type="checkbox"/>	Cost:	+ \$ _____
Sound Sailors Full Day (Pre K—3rd)	Full \$1900 <input type="checkbox"/> Mini-1 \$1130 <input type="checkbox"/> Mini-2 \$1130 <input type="checkbox"/>	Cost:	+ \$ _____
Bay Buccaneers Full Day (4th—6th)	Full \$2010 <input type="checkbox"/> Mini-1 \$1155 <input type="checkbox"/> Mini-2 \$1155 <input type="checkbox"/>	Cost:	+ \$ _____
Transportation: <input type="checkbox"/> Indicate Nearest Cross Street: _____	Full session \$475 / Mini session \$245 <input type="checkbox"/> <input type="checkbox"/>	Cost:	+ \$ _____
Two T-shirts are included in camp fee. <i>Additional shirts can be purchased for \$15.00 each.</i>	# Additional T-shirts: _____ x \$15	T-Shirt Cost:	+ \$ _____
Extended Care: The additional charges will be \$10.00 per morning and \$15.00 per afternoon for <u>each day required</u> . Your child must be registered and payment made in advance to participate. <u>Please circle days required.</u>	8am-8:30am # of mornings _____ X \$10 Mon / Tue / Wed / Thurs / Fri	Cost:	+ \$ _____
	3:30pm-5pm # of afternoons _____ X \$15 Mon / Tue / Wed / Thurs / Fri	Cost:	+ \$ _____
Discount: Third child discount applied if full payment is received by 4/1/19.	- \$50.00 full / \$25.00 mini		- \$ _____
Tax deductible scholarship donation to assist other campers (optional):			+ \$ _____
TOTAL			\$ _____

For children enrolled in the *Sound Sailors* program, we will place your child with a friend/relative if possible in order to make the adjustment to camp more comfortable. Please indicate friend's name: _____.

Method of Payment

Checks or Money Orders Payable to PWCC or with Credit Card:

Master Card American Express Visa Discover Amount: \$ _____ Expiration Date: _____ Security Code: _____

Cardholder's Name:	Card Number:
Signature:	Date:

I agree to the terms and conditions of this contract as follows:

- I understand that the Department of Health (DOH located at 200 County Seat Drive, Mineola NY) will be inspecting the camp two times over the course of the summer. Hours of Operation are 9:00am to 4:45pm.
- I understand that medical forms are required by the Nassau County Health Department regulations and must be completed and returned to PWCC by May 31, 2019. My child must have had a physical examination within the last year in order to attend camp.
- I grant permission for my child to use all of the play equipment and participate in all program activities of camp.
- I grant permission for my child to participate in any trip arranged by Port Day Camp. I understand that all trips end by regular dismissal time from the program unless notified.
- I grant permission for my child to visit the Manorhaven Pool for swimming instruction as well as to participate in any water activities.
- I grant permission for the use of my child's art work and any photographs and videos of him/her for publicity or fundraising purposes for PWCC.
- As requested by the Nassau County Department of Health, I grant permission to camp staff to assist my child in applying sun-screen throughout the camp day.
- I grant permission to have my Bay Buccaneer child participate in program activities at Kostal Paddle, Blue Moon Project, Woodworking at Weber Middle School and the Port Washington Tennis Academy.
- I understand that PWCC is a nut-free program.
- I understand that on occasion and due to inclement weather, campers might be going to watch a PG rated movie.
- If PWCC determines that the camp cannot meet the needs of my child, I understand that PWCC has the right to discontinue enrollment. I will receive refund of any monies owed to me.

Parent / Guardian Signature: _____

Date: _____