



199 West Rd. Suite 150

Pleasant Valley, NY 12569

845-635-5930

## Summer Program 2018 Registration Form

Last Name:

First Name:

Address:

City:

Zip:

Parent's CELL Phone:

EMAIL:

PLEASE CIRCLE ALL THAT APPLIES:

WEEK OF: 7/2-7/6                      M                      T                      Th                      F  
7/4 is pro-rated

9am-12pm                      9am-2pm                      9am-4pm

WEEK OF: 7/9-7/13                      M                      T                      W                      Th                      F

9am-12pm                      9am-2pm                      9am-4pm

WEEK OF: 7/16-7/20                      M                      T                      W                      Th                      F

9am-12pm                      9am-2pm                      9am-4pm

WEEK OF: 7/23-7/27                      M                      T                      W                      Th                      F

9am-12pm                      9am-2pm                      9am-4pm

WEEK OF: 7/30-8/3                      M                      T                      W                      Th                      F

9am-12pm                      9am-2pm                      9am-4pm

WEEK OF: 8/6-8/10                      M                      T                      W                      Th                      F

9am-12pm                      9am-2pm                      9am-4pm

WEEK OF: 8/13-8/17                      M                      T                      W                      Th                      F

9am-12pm                      9am-2pm                      9am-4pm

**TURN OVER----->**

**Please list any allergies:**

**Please list any conditions we should be aware of:**

**Please Read and Initial:**

My payment is due no later than the Monday of the camp week I am registering for. \_\_\_\_\_

Once the week has begun, there are no refunds. \_\_\_\_\_

I am aware there is an additional charge for early drop off and late pick up after 4 pm. \_\_\_\_\_  
(See flyer for details)

A written note must be sent indicating desired days of early drop off or late pick up. \_\_\_\_\_

I understand I must pack lunch for my child. \_\_\_\_\_

I have signed the Gold Star Gymnastics registration form/waiver. \_\_\_\_\_

I must pick up my child in person, or write a NOTE if someone other than myself will be picking up my child for camp. Phone calls are not permitted. \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_