

Date _____

Hickory Hill Day School & Camp

Deposit _____ Ch# _____

163 Central Park Road

Tuition Fee _____

Plainview, NY 11803

Transportation _____

Ph: 516.349.0670 Fax: 516.349.7167

Visit us on the web at: HickoryHillDay.com



Application For Summer Program

Child's Name: _____ Sex: _____ Birthdate: _____ Age as of July. 1: _____

Address: _____ Town: _____ Zip: _____ Phone: _____

Session:

Trail-Blazer 10:15am - 4pm

Mountaineer 9am - 4pm

Days:

Monday

Tuesday

Wednesday

Thursday

Friday

Weeks:

Week 1

Week 2

Week 3

Week 4

Week 5

Week 6

Week 7

Week 8

Father's Name: _____ Business Phone: _____ Cell: _____

Mother's Name: _____ Business Phone: _____ Cell: _____

EMAIL: _____

Emergency Contact - Neighbor's Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

Special Needs or Allergies _____

I Request that my Child be Grouped with: _____ (one request only)

Non-Transportation Information

AM Extended Hours

PM Extended Hours

No AM Transportation

No PM Transportation

Transportation Information

AM Transportation

PM Transportation

Breakfast/Lunch Program

Breakfast

Lunch

None

Camp Provisions

1. A deposit of \$200 for each child constitutes registration.
2. Balance of tuition due: May 15 (not refundable)
3. In the event that you cancel your child's registration, 100% of your initial deposit will be refunded up until February 1st and 30% of your deposit will be refunded up until March 1st, total fees paid are forfeited.
4. No refund, reduction, allowance or make-up days will be made for absences, late arrivals or voluntary parent withdrawal.
5. Enrollees who increase days or weeks after July 1st must pay per session rate based on the current fees.
6. In the even that parent cannot be reached by phone, parent authorizes camp to acquire emergency medical treatment for child.
7. The Camp has the right to request that your child be removed from the camp's enrollment for any reason at any time.
8. We value your feedback. We will send out a survey asking for your feelings and thoughts. Thank you in advance for your time and effort.

PARENT SIGNATURE: _____

DATE: _____