

Half Day Camp September 2022- June 2023 Application

ACT - Cathedral of St. John the Divine | 1047 Amsterdam Ave | 212.316.7530 | www.actprograms.org

CHILD AND PARENT INFORMATION

5 years of Age as of December 2022 (Kinder-8th graders)

Child's Name: _____ Date of Birth: _____
 Gender: _____ Grade on Sept 1, 2022: _____ School: _____

Parent 1 Name: _____	Parent 2 Name: _____
Occupation: _____	Occupation: _____
Contact Number: _____	Contact Number: _____
Home Address: _____	Home Address: _____
Preferred Email: _____	Preferred Email: _____

HALF DAY CAMP REGISTRATION STIPULATIONS

We reserve the right to cancel trips or programs for any reason. Refunds, credits, or exchanges of program fees are not granted under any circumstances. Trip fees that do not involve advance purchase of admission tickets are refundable for children who do not go on trip as stated above. Children going on a trip during a rainy or snowy day are advised to wear a raincoat/snow coat and boots and not bring an umbrella.

Terms of Agreement: Day rate payments are non-transferrable and nonrefundable.

A penalty of \$15.00 per 15-minute interval for children picked up late after 6:05pm.

What to bring: Campers are required to wear sneakers and rain gear in case of inclement weather. Campers must bring lunch (no glass bottles) & water bottles. Must wear sneakers to participate in gym and playground activities.

\$35 Mission is paid once per fiscal year (July 2022- June 2023)

Please make a copy of this form for your records. (No refunds or transfer of funds once registration is confirmed. Forms will not be reviewed without payment. Minimum of 10 children registered per day 1 week prior in order to offer the camp for the selected day).

ASP= Currently enrolled '22-'23 Afterschool Families

<p>Public School</p> <p>November 3, Thursday</p> <p><input type="checkbox"/> \$20.00 (Reg. ASP Families) Dismissal-6:00pm</p> <p><input type="checkbox"/> \$40.00 (Non-Reg. ASP Families) Dismissal-6:00pm</p>	<p>Private school</p> <p>December 16, Friday</p> <p><input type="checkbox"/> \$20.00 (Reg. ASP Families) Dismissal-6:00pm</p> <p><input type="checkbox"/> \$40.00 (Non-Reg. ASP Families) Dismissal-6:00pm</p>
<p>November 18, Friday</p> <p><input type="checkbox"/> \$20.00 (Reg. ASP Families) Dismissal-6:00pm</p> <p><input type="checkbox"/> \$40.00 (Non-Reg. ASP Families) Dismissal-6:00pm</p>	<p>February 16, Thursday</p> <p><input type="checkbox"/> \$20.00 (Reg. ASP Families) Dismissal-6:00pm</p> <p><input type="checkbox"/> \$40.00 (Non-Reg. ASP Families) Dismissal-6:00pm</p>
<p>March 9, Thursday</p> <p><input type="checkbox"/> \$20.00 (Reg. ASP Families) Dismissal-6:00pm</p> <p><input type="checkbox"/> \$40.00 (Non-Reg. ASP Families) Dismissal-6:00pm</p>	<p>May 5, Friday</p> <p><input type="checkbox"/> \$20.00 (Reg. ASP Families) Dismissal-6:00pm</p> <p><input type="checkbox"/> \$40.00 (Non-Reg. ASP Families) Dismissal-6:00pm</p>
<p>March 24, Friday</p> <p><input type="checkbox"/> \$20.00 (Reg. ASP Families) Dismissal-6:00pm</p> <p><input type="checkbox"/> \$40.00 (Non-Reg. ASP Families) Dismissal-6:00pm</p>	<p>June 15, Thursday</p> <p><input type="checkbox"/> \$20.00 (Reg. ASP Families) Dismissal-6:00pm</p> <p><input type="checkbox"/> \$40.00 (Non-Reg. ASP Families) Dismissal-6:00pm</p>

PARENT INITIAL _____ STAFF INITIAL _____ TOTAL \$ _____

If my child requires emergency treatment because of illness or accident, I hereby authorize you (ACT program staff) to call a physician or take my child for emergency treatment to a hospital. YES NO

I allow ACT to take pictures and Post on Social media (ACT Website, Facebook, Instagram, Classtag? YES NO

Plans subject to changes due to Covid-19 Program Closings.

GUARDIAN/PARENT SIGNATURE: _____ DATE: _____