

CROTON COMMUNITY NURSERY SCHOOL
25 VAN WYCK STREET
CROTON-ON-HUDSON, NEW YORK 10520

2017 CCNS CAMP

Think summer! CCNS Camp will be in session for six weeks, from June 26 to August 4. Camp runs daily, Monday through Friday, from 9:00 a.m. to 12 noon. Children must be enrolled for a minimum of two weeks, two days per week, but we have a flexible schedule beyond that.

All children attending camp must be two years old by the start of the program. Maximum enrollment per day is thirty children with a staff of four adults.

To register for CCNS Camp, please fill out the attached form and return it to school with your registration fee of \$25.00. All spaces will be filled on a first come first serve basis. If your child is not presently attending CCNS, the attached medical form must also be returned to the school by Friday, June 2, 2017.

The balance of tuition is due by June 2, 2017. We do not bill. If your tuition is not received by that date your registration is subject to cancellation. Tuition is refundable up to two weeks before the summer program starts. Upon receipt of your registration, we will send an acknowledgement telling you what to bring on your first day of camp. When your child arrives at camp on the first day, he/she will also receive a CCNS Camp tee-shirt!

If you are interested in the summer program but find that the June 2 tuition deadline will be a hardship, please contact me at 271-4451 or 271-8834 (evenings) so that an arrangement can be made.

Thank you for your interest in CCNS Camp 2017. I look forward to seeing you and your children this summer.

Sincerely,

Barbara Swanson, Director
CROTON COMMUNITY NUSERY SCHOOL

25 VAN WYCK STREET
CROTON-ON-HUDSON, NEW YORK 10520
(914) 271-4451

2017 CCNS CAMP

Child's Name _____

Child's Birth Date _____

Address _____

Telephone Daytime _____ Evening _____

Father's Name _____

Mother's Name _____

Emergency Contact (If parent cannot be reached)

Name _____

Address _____

Telephone _____

Child's Doctor _____

Telephone _____

Does your child have any allergies or conditions we should know about?

Preschool class completed June 2016

2 year class _____ 3 year class _____ 4 year class _____

Enrollment: PLEASE CIRCLE SESSIONS AND TUITION

AMOUNT FOR EACH WEEK REQUESTED*

	2 Days	3 Days	4 Days	5 Days
Week 1 6/26 to 6/30	\$60.00	\$90.00	\$120.00	\$150.00
Week 2 7/3 to 7/7	\$60.00	\$90.00	\$120.00	****
Week 3 7/10 to 7/14	\$60.00	\$90.00	\$120.00	\$150.00
Week 4 7/17 to 7/21	\$60.00	\$90.00	\$120.00	\$150.00
Week 5 7/24 to 7/28	\$60.00	\$90.00	\$120.00	\$150.00
Week 6 7/31 to 8/4	\$60.00	\$90.00	\$120.00	\$150.00

Total Tuition Due: _____

*If there are days that you prefer, please indicate this and we will do our best to accommodate you.

**There is a 10% sibling discount for the second child.

* Camp will not be in session on Tuesday, July 4th.

Please return this form with a registration fee of \$25.00, payable to CCNS Camp. *The registration fee does not count toward total tuition due.*

Remember that tuition is due by June 2, 2017. We do not bill.

You will receive a confirmation packet in the mail.