



Stargazer Day Camp Application Form

ONE APPLICATION PER CAMPER

Name _____ Age as of Camp _____ Grade (Fall 2016) _____
Email Address _____
Address _____ City _____
State _____ Zip _____ Home Phone _____ Boy Girl
Mother's Name _____ Cell/Work Phone _____
Father's Name _____ Cell/Work Phone _____
Emergency Contact _____ Phone _____

5-DAY CAMP WEEKLY TUITION:

REGISTER EARLY AND SAVE! LIMITED SPACES AVAILABLE!

***7-WEEK CAMP SPECIAL* ~ \$1049**

with each additional week at \$130 thereafter

One child for one week - \$159 // Multiple children - \$139 per week ~ plus one-time \$60 Registration Fee
(Regular Registration extends until July 11th or other scheduled arrangement)

CAMP LOCATION: Public School 207

Eight weeks at P.S. 207, Brooklyn, NY - Boys and Girls 5-14, Select enrollment for each week you wish to attend Camp:

JUL 5-JUL 8 JULY 11-15 JULY 18-22 JULY 25-29 AUG 1-5 AUG 8-12 AUG 15-19 AUG 22-26

Dance Intensive Program (Optional) - \$30 / Week

Total Weeks (should correspond with weeks chosen for camp attendance) _____

Selecting this Intensive Option provides camper with 4-hour dance intensive session each indoor day of the week. Styles taught by high-quality dance educators include CLASSICAL, HIP-HOP, and CARIBBEAN; All culminating with a spectacular performance showcase at the end of camp. *GREAT VALUE AND OPPORTUNITY!*

Campers MUST WEAR StarGazer Program shirts. One shirt provided per Attendee.
(Additional Shirts: \$10 each // 3 for \$25 OR 5 for \$40).

Shirt Size: Youth S Youth M Youth L Adult S Adult M Adult L # of Additional Shirts _____

TOTAL PAYMENT DUE WITH APPLICATION

Enclosed is my TOTAL payment of \$ _____ for _____ weeks includes Dance Intensive / Additional Shirts

Payment is for multiple children: Names _____

Please make checks payable to **STARGAZER DAY CAMP**

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to Stargazer Day Camp Program staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Parent/Guardian Signature: _____ Date _____

Tel. _____

ADDITIONAL MEDICAL INFORMATION

Prior to Camp we will need a Medical Form for each participant. Stargazer's Medical Form requires a Doctor's statement from a recent physical examination. This form can be given to you via e-mail or in person, and will also be mailed to each participant prior to Camp. We require that the Parent/Guardian statement on Stargazer's form is filled out and turned in with Stargazer Camper Application.

A Certified Medical Nurse's Designee is on call each day and can administer daily medication if necessary, but only with the special consent of the parent or guardian. You can make these arrangements on the first day of camp.

ADDITIONAL TERMS AND CONDITIONS OF ENROLLMENT

Stargazer Day Camp has the right to suspend or terminate the enrollment of any camper at any time, or to nullify an enrollment contract prior to the beginning of camp at its sole discretion. Such suspension or termination may result when: (a) a camper disregards or does not abide by the rules and regulations of Stargazer Day Camp; (b) Stargazer Day Camp determines that a camper's conduct or performance demonstrates an unwillingness or inability to be productive within the Stargazer Day Camp community, (c) a parent, guardian, or other individual closely associated with the camper fails to cooperate with Stargazer Day Camp or disregards or does not abide by the rules and regulations of Stargazer Day Camp; (d) Stargazer Day Camp determines that the continued attendance of a camper at Stargazer Day Camp is not in the best interests of the camper or Stargazer Day Camp; (e) Stargazer Day Camp determines that the continued involvement of a parent or guardian with the camp is not in the best interest of the camper or Stargazer Day Camp; (f) other reasons as determined in the sole discretion of Stargazer Day Camp.

I agree to cooperate fully with Stargazer Day Camp and I understand that my child must follow all Stargazer Day Camp rules and regulations.

I agree that my child has permission: (i) to take part in any and all Stargazer Day Camp activities on or off of School property, including athletics; (ii) to take Stargazer Day Camp-sponsored field trips; and, (iii) to ride in vehicles owned by Stargazer Day Camp driven by appropriately licensed/trained employees or representatives of Stargazer Day Camp or vehicles chartered by Stargazer Day Camp.

Notwithstanding the above authorization, I agree to complete and promptly return to Stargazer Day Camp any additional permission slips, releases and/or medical information forms regarding my enrolled camper.

Further, I understand that the Camper Medical Information and Authorization is due at time of Application Submission, regardless of the camper's start date.

I agree that Stargazer Day Camp may use the camper's name, portrait, likeness, artwork, written work, or electronic media that he or she develops in connection with Stargazer Day Camp activities or in publicizing Stargazer Day Camp, and that, except as prohibited by law, the Stargazer Day Camp may use my camper's information and records at its sole discretion.

Parent/Guardian Signature: _____ Date _____