

Please return this form by April 15th to secure your spot

### Briarcliff Nursery School Summer Program Registration 2024

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Parent/Caregiver \_\_\_\_\_ Phone \_\_\_\_\_  
Parent/Caregiver \_\_\_\_\_ Phone \_\_\_\_\_  
Primary email/s \_\_\_\_\_

**Permission to pick up my child:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contacts (include a parent of another camper if possible):**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

There is a \$50.00 application fee for registration. Camp tuition may be paid in full or in 2 equal payments on May 1<sup>st</sup> and June 1<sup>st</sup>. **Our staffing decisions are based on registration, so cancellations made after June 1<sup>st</sup> are non refundable.** All classrooms will run from 9:00 - 11:55.

**Please place a check next to the weeks that your child will attend camp. We suggest making a copy of this completed form for your records. \*\* Camp is closed on June 19th and July 4th-5th.**

5-day Program (M-F)				3-day Program (M-W)			
Week 1	June 17, 18, 20, 21	\$240.00		Week 1	June 17-18	\$120.00	
Week 2	June 24-28	\$300.00		Week 2	June 24-26	\$180.00	
Week 3	July 1-3	\$180.00		Week 3	July 1-3	\$180.00	
Week 4	July 8-12	\$300.00		Week 4	July 8-10	\$180.00	
Week 5	July 15-19	\$300.00		Week 5	July 15-17	\$180.00	
Week 6	July 22-26	\$300.00		Week 6	July 22-24	\$180.00	
Week 7	July 29-Aug 2	\$300.00		Week 7	July 29-31	\$180.00	

4-day Program (M-Th)				2-day Program (Th, F)			
Week 1	June 17,18,20	\$180.00		Week 1	June 20-21	\$120.00	
Week 2	June 24-27	\$240.00		Week 2	June 27-28	\$120.00	
Week 3	July 1-3	\$180.00		Week 3	No School	\$0	
Week 4	July 8-11	\$240.00		Week 4	July 11-12	\$120.00	
Week 5	July 15-18	\$240.00		Week 5	July 18-19	\$120.00	
Week 6	July 22-25	\$240.00		Week 6	July 25-26	\$120.00	
Week 7	July 29-Aug 1	\$240.00		Week 7	Aug 1-2	\$120.00	

Signature of Parent/Caregiver \_\_\_\_\_ Date \_\_\_\_\_

**Please include the \$50.00 Application Fee with this form.**

For the office only: Check Number \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_  
Check Number \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_