Please return this form by April 15th



Briarcliff Nursery School

40 Morningside Dr. Ossining, NY 10562 PO Box 28 Briarcliff NY 10510 (mailing address) 914-941-4373 Fax 914-941-4453

BNS SUMMER REGISTRATION 2017

Child's Name Date of Birth	
Parent's Name	
Guardian (if other than parent) Cell Work Nanny/Sitter Cell Days Email address Permission to pick up my child: Name Phone Phone Name Phone Phone Phone Emergency Contacts (include a parent of another camper)	
Nanny/Sitter Cell Days Email address	
Permission to pick up my child: Name	
Permission to pick up my child: Name	
Name Phone P	
Name Phone Phone Phone Phone Emergency Contacts (include a parent of another camper)	
Name Phone Phone Phone Phone Emergency Contacts (include a parent of another camper)	
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Emergency Contacts (include a parent of another camper)	
Name Phone There is a \$50.00 application fee for registration. Payment may be paid in full at registration or in 2 payments of June 1st. Our staffing decisions are based on registration, so no refunds will be given for changes made after S. Please place a check next to the days and weeks that your child will attend camp.	
5 -day Program (M-F) 3 -day Program (M-W) 2 -day Program (T	H, F)
9:20am-12:15 pm 9:20am-12:15 pm 9:20am-12:15 pm	n
Week 1 June 19-23 \$250 Week 1 June 19-21 \$150 Week 1 June 22-23	\$100
Week 2 June 26-30 \$250 Week 2 June 26-28 \$150 Week 2 June 29-30	\$100
Week 3 July 5-7 \$150 Week 3 July 5 \$50 Week 3 July 6-7	\$100
Week 4 July 10-14 \$250 Week 4 July 10-12 \$150 Week 4 July 13-14	\$100
Week 5 July 17-21 \$250 Week 5 July 17-19 \$150 Week 5 July 20-21	\$100
Week 6 July 24-28 \$250 Week 6 July 24-26 \$150 Week 6 July 27-28	\$100
Week 7 July 31-Aug 4 \$250 Week 7 July 31-Aug 2 \$150 Week 7 August 3-4	\$100
Signature of Parent or Guardian Date Please include the \$50.00 Application Fee	
Check Number Date Amount	