

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 2nd. **Our staffing decisions are based on registration, so cancellations made after June 2nd 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 3rd-4th.**

5-day Program (M-F)				3-day Program (M-W)			
Week 1**	June 16, 17, 18,20	\$240.00		Week 1	June 16-18	\$180.00	
Week 2	June 23-27	\$300.00		Week 2	June 23-25	\$180.00	
Week 3**	June 30- July 2	\$180.00		Week 3	June 30- July 2	\$180.00	
Week 4	July 7-11	\$300.00		Week 4	July 7-9	\$180.00	
Week 5	July 14-18	\$300.00		Week 5	July 14-16	\$180.00	
Week 6	July 21-25	\$300.00		Week 6	July 21-23	\$180.00	
Week 7	July 28-Aug 1	\$300.00		Week 7	July 28-30	\$180.00	

4-day Program (M-Th)				2-day Program (Th, F)			
Week 1**	June 16, 17, 18	\$180.00		Week 1**	June 20	\$60.00	
Week 2	June 23-26	\$240.00		Week 2	June 26-27	\$120.00	
Week 3**	June 30- July 2	\$180.00		Week 3**	No School	\$0	
Week 4	July 7-10	\$240.00		Week 4	July 10-11	\$120.00	
Week 5	July 14-17	\$240.00		Week 5	July 17-18	\$120.00	
Week 6	July 21-24	\$240.00		Week 6	July 24-25	\$120.00	
Week 7	July 28-31	\$240.00		Week 7	July 31- Aug 1	\$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 \_\_\_\_\_