



# 2012 ENROLLMENT APPLICATION

**DISCOUNTED TUITION RATES VALID UNTIL 2/29/12 TUITION WILL INCREASE AS OF 3/1/12.**

CAMPER'S NAME	GENDER	FATHER'S NAME
HOME ADDRESS		WORK PHONE
TOWN	ZIPCODE	CELL PHONE
HOME PHONE NUMBER		EMAIL ADDRESS
DATE OF BIRTH (mm/dd/yy)		MOTHER'S NAME
PHYSICIAN	PHONE	WORK PHONE
		CELL PHONE
		EMAIL ADDRESS
		EMERGENCY NAME
		PHONE

Enroll By 2/29/12  
 And Receive  
 An Additional  
 \$200 Discount!

Circle Rate and Check Boxes Below As Needed

PROGRAMS	8 Weeks	6 Weeks	4 Weeks	
FULL DAY: 9:45am - 4:00pm	6/25 - 8/17	6/25 - 8/17 CIRCLE 6 OF 8	6/25 - 8/17 CIRCLE 4 OF 8	
	<input type="checkbox"/>	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	
<input type="checkbox"/> 5 DAYS	\$4795 <del>\$5295</del>	\$4295 <del>\$4695</del>	\$3695 <del>\$3895</del>	<b>2 Week &amp; 3 Week Sessions</b>  Available Upon Request
<input type="checkbox"/> 3 DAYS	\$4395 <del>\$4995</del>	\$3995 <del>\$4295</del>	\$3295 <del>\$3495</del>	
<input type="checkbox"/> 2 DAYS	Available Upon Request			
MINI DAY: 9:45am - 2:00pm				
<input type="checkbox"/> MINI-DAY: 5 DAYS	\$4295 <del>\$4595</del>	\$3795 <del>\$4095</del>	\$3095 <del>\$3295</del>	
<input type="checkbox"/> MINI-DAY: 3 DAYS CIRCLE 3 MON TUE WED THU FRI	\$3995 <del>\$4295</del>	\$3295 <del>\$3595</del>	\$2695 <del>\$2995</del>	
<input type="checkbox"/> MINI-DAY: 2 DAYS	Available Upon Request			

Tuition includes transportation, all activities, lunch, one camp shirt, camp bag, snacks, and towel service.

DISCOUNTED RATES EXPIRE 2/29/12.

PAYMENT RECEIVED AFTER 3/1/12 WILL BE BILLED AT POSTED RATES AS OF DATE OF FULL PAYMENT.

Extensions made after the first day of camp will be billed at the prevailing rate at the time of extension.

FOR OFFICE USE ONLY	
DATE:	DATE:
DEPOSIT AMT:	PAYMENT AMT:
NOTES:	

**CAMP SESSION:**  
 Monday, June 25th - Friday, August 17th  
 There will be no camp July 4th.  
**REFUNDABLE REGISTRATION**  
**DEPOSIT: \$695.00**

Please indicate preference for two MUTUAL grouping placements: \_\_\_\_\_

Final placement is made at the discretion of the directors. We will try to honor your positive requests.

We are licensed by the Nassau County Dept. of Health; We are inspected two times each summer; Reports concerning Miss Sue's are available from:

Nassau County Health Department, 106 Charles Lindbergh Blvd., Uniondale, NY 11553. Phone inquiries can be made Mon - Fri from 9AM - 4:45PM at 516-227-9717.

**All tuition balances are due no later than May 1, 2012.**

Open balances will result in tuition adjustment for the current rate at that time. Overdue balances after May 1, 2012 will be assessed at 1-1/2 % per month late fee on the unpaid portion unless prior arrangements have been made with the office. A \$100 processing fee will be deducted for withdrawals. In the event that your child loses more than 7 consecutive camp days because of medical reasons, a tuition refund will be made for each day lost AFTER the 7-day deductible period. A physician's note is required in order to receive the medical tuition refund.

**There will be no refund for any other reason.**

**I have read the enrollment agreement and understand its terms and accept all conditions.**

**TERMS OF AGREEMENT:**

1. A DEPOSIT OF \$695 IS REQUIRED FOR REGISTRATION
2. PAYMENT IN FULL IS DUE BY MAY 1, 2012
3. THE CAMP RESERVES THE RIGHT TO DISMISS ANY CAMPER WHOSE BEHAVIOR REPRESENTS A DANGER TO THE CAMP OR CAMPERS.
4. PERMISSION IS GRANTED TO TAKE AND USE PHOTOGRAPHS FOR OUR WEBSITE OR FOR PUBLICITY PURPOSES.
5. PERMISSION IS GRANTED FOR ANY DAY TRIPS THAT ARE PART OF THE CAMP PROGRAM.
6. IN THE EVENT PARENTS CANNOT BE CONTACTED PERMISSION IS GRANTED FOR APPROPRIATE MEDICAL CARE AT A HOSPITAL.
7. ACTS OF GOD, STRIKES, AND CIRCUMSTANCES BEYOND OUR CONTROL THAT CAUSE THE CANCELLATION OF CAMP DAYS ARE NONREFUNDABLE AND CANNOT BE REPLACED. DAYS MISSED DUE TO ILLNESS, VACATION OR ABSENCE MAY NOT BE CHANGED OR SUBSTITUTED.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Print Name: \_\_\_\_\_

**PAYMENT METHOD** (Make check payable to Miss Sue's Nursery School)     Check Enclosed     Visa     Mastercard     Amex

Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Card Holder's Name \_\_\_\_\_ Signature: \_\_\_\_\_

Complete and return this entire form to:  
**Miss Sue's Nursery School & Kindergarten, 1191 Old Country Rd., Plainview, NY 11803 • 516-938-0894**

**Transportation Information:**

Name Streets and Indicate House with 'X'.

CAMPERS NAME:

ADDRESS:

TOWN:

NEAREST MAJOR ROADS ARE:




ADDL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_