



REGISTRATION FORM 2010

Ages 3-5

Concordia Conservatory	Page 2
Mini Camp June 14-25	
<input type="checkbox"/> 9:00-noon	\$435
Early Childhood Music Class	
Class _____	\$120
Days/Time _____	

EARLY CHILDHOOD ENRICHMENT	Page 3
Session 1 June 28-July 16 Ages 3-5	
<input type="checkbox"/> 9:00-noon	\$745
<input type="checkbox"/> noon-2:00	\$500
Session 2 July 19-August 6 Ages 3-5	
<input type="checkbox"/> 9:00-noon	\$795
<input type="checkbox"/> noon-2:00	\$525

EARLY CHILDHOOD SPORTS	Page 4
Session 1 June 28-July 16 Ages 3 1/2-5	
<input type="checkbox"/> noon-3:00	\$510
<input type="checkbox"/> noon-5:00	\$835
<input type="checkbox"/> Optional Swimming	\$80
Session 2 July 19-August 6 Ages 3 1/2-5	
<input type="checkbox"/> noon-3:00	\$545
<input type="checkbox"/> noon-5:00	\$900
<input type="checkbox"/> Optional Swimming	\$80

DEPOSIT AND/OR PAYMENT

Please complete both sides of this application. A non-fundable \$150 deposit is required for each session of the Enrichment, Music, Art, Sports, and Day Trip Adventures Camp. Send completed registration form and payment to:

CONCORDIA DAY CAMP,

171 White Plains Road, Bronxville, NY 10708
or fax form to: 914-395-4500 Att. Jackie Kutner:

Amount paid with registration \$ _____

Checks should be payable to: Concordia College
If you wish to use Visa, MasterCard, or American Express, please complete the following or call (914) 395-4848:

Visa MasterCard American Express

Please note: A 2% fee will be added to all credit/debit card payments.

Card No. _____

Exp. Date: _____ Amount charged \$ _____

Signature _____

Initial here to have the balance due charged automatically to the above credit card on May 28, 2010: _____

Grades 1-12

Concordia Conservatory	Page 16-17
Session 1 June 28-July 16	
Beginner Piano, Guitar	
<input type="checkbox"/> 9:00-noon	\$745
Camp _____	
4 Week Session June 28-July 23	
<input type="checkbox"/> 9:00-noon	\$965
Camp _____	
<input type="checkbox"/> 1:00-4:00	\$965
Camp _____	
<input type="checkbox"/> 1:00-5:00	\$995
Camp _____	
<input type="checkbox"/> Optional lunch between all programs	\$80

ENRICHMENT PROGRAM	Page 5-15
Session 1 June 28-July 16 Grades 1-9	
<input type="checkbox"/> 9:00-10:15	\$745
1st choice _____	
2nd choice _____	
<input type="checkbox"/> 10:45-Noon	
1st choice _____	
2nd choice _____	
<input type="checkbox"/> Noon-2:00	Ext. Day General, Grades 1-9 \$500
<input type="checkbox"/> Noon-2:00	Childcare Class, Grades 6-9 \$500
Session 2 July 19-August 6 Grades 1-9	
<input type="checkbox"/> 9:00-10:15	\$795
1st choice _____	
2nd choice _____	
<input type="checkbox"/> 10:45-noon	
1st choice _____	
2nd choice _____	
<input type="checkbox"/> noon-2:00	Ext. Day General, Grades 1-9 \$525
<input type="checkbox"/> noon-2:00	Science Sleuths, Grades 5-9 \$525

ART AT CONCORDIA	Page 15
Session 1 June 28-July 16 Grades 4-9	
<input type="checkbox"/> 1:00-5:00	Oil Painting \$932
Session 2 July 19-August 6 Grades 4-9	
<input type="checkbox"/> 1:00-5:00	Ceramics \$995

SPORTS PROGRAM	Page 18
Session 1 June 28-July 16 Grades 1-9	
<input type="checkbox"/> noon-5:00	\$835
<input type="checkbox"/> Optional Swimming	\$80
Session 2 July 19-August 6 Grades 1-9	
<input type="checkbox"/> noon-5:00	\$900
<input type="checkbox"/> Optional Swimming	\$80

DAY TRIP ADVENTURES CAMP	Page 19
<input type="checkbox"/> Week 1	August 9-13 Grades 2-9 \$500
<input type="checkbox"/> Week 2	August 16-20 Grades 2-9 \$500

REGISTRATION FORM 2010



PERSONAL

Camper's Name _____

Grade (September 2010) _____ Age _____ Date of Birth _____

Parent/Guardian's Name(s) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

MEDICAL – REQUIRED FOR ALL CAMPERS

This section needs to be filled out by all campers.

For sports campers only attach immunization records.

My child has been examined by a physician within the past year. The physician's recommendation and any restrictions are listed below. There is no apparent physical or emotional condition which would limit participation in camp activities.

Comments _____

Medications _____

Restrictions _____

Physician's Name _____ Physician's Address _____

Phone _____ Date _____

RELEASE FORM THIS RELEASE FORM IS FOR June 14–August 20, 2010

In the event of an emergency requiring medical attention, I hereby grant permission to a physician or hospital personnel designated by Concordia College to attend to my child. I expect that every effort will be made to contact me in order to receive my specific authorization before any hospitalization. I understand that campers are required to have their own comprehensive health and hospitalization insurance.

Emergency Phone Numbers

Who do you want called first? 1. _____
Name Home Phone/Cell Phone Relationship

Who do you want called second? 2. _____
Name Home Phone/Cell Phone Relationship

STATE LAW REQUIRES TWO PHONE NUMBERS Please indicate two phone numbers at which you and/or a designated emergency contact person can readily be reached during camp hours (8:00am–6:00pm).

Parent/Guardian Signature _____ Date _____

PHOTO CONSENT

Yes, I agree that camp photographs of my child may be used by **CONCORDIA DAY CAMP** and Concordia College to promote the program. I understand that names will not be disclosed.

No, I do not want photographs of my child to be used for such purposes.

Where did you hear about **CONCORDIA DAY CAMP**?

Flyer Friend School Previously attended **CONCORDIA DAY CAMP** Concordia Day Camp website

Internet—Which site? _____ Magazine or Newspaper—Which one? Other _____

