

## SUMMER CAMP

### Ages 3-8 (Preschool through grade 2)

The Summer Camp takes place in the heart of Greenwich Village. Our Center contains bright, spacious classrooms designed for the younger child, with two fully equipped kitchens for cooking projects. Our large playground provides a colorful safe environment for outdoor play. For active play indoors, we have a regulation size gym. Summer Camp activities will include arts and crafts, active games, cooking, field trips and special event days specifically geared to these age groups. All groups are scheduled for special activities, which may include Pottery, Art, Music, Science, or Drama. Our 5-8 year olds (9 am-4 pm groups only) have swimming at the nearby community pool. Groups are small in size and vary between 15 and 20 children, supervised by a qualified counselor and 2 assistants. Campers must be fully potty trained and supply their own lunch.

## SCHEDULE

- 3's & 4's 9:00am to 2:00pm
- Pre-K graduates(must be 5) -2<sup>nd</sup>Grade Graduates 9:00am-4:00pm

## CHILDREN AGES 8-12

The Philip Coltoff Center at Greenwich Village Arts Program is proud to offer a **Visual Arts Summer Camp** for young people ages 8-14. Pre-Teens and young teens will have access to our working art studios and receive instruction from our talented and creative arts staff in classes such as animation and cartooning, architecture, painting and illustration, photography, pottery, woodworking. Arts campers will also take weekly trips to museums and art galleries as well as to the park and pool! All levels are welcome-the only requirement is a sincere interest in the Visual Arts.

## EXTENDED DAY

To accommodate our working families, we offer Extended Hours for our Summer Campers at an additional fee of \$10/hour. Summer Camp children may be dropped off as early as 8:00 am and can extend their day as late as 6:00 pm.

## REGISTRATION

Registration is on a first come, first serve basis. NO REGISTRATIONS WILL BE ACCEPTED AFTER JULY 30TH. Please make sure that you sign up before then.

**A \$300 NON-REFUNDABLE deposit per child, and a medical form is due at the time of registration.** We cannot register any child without the deposit and medical form. This deposit will be applied toward the camp fee.

## OPEN HOUSE

All interested families are invited to attend our Summer Camp Open House. Please check out our website for the date and time [www.childrensaidsociety.org/pcc/summercamp](http://www.childrensaidsociety.org/pcc/summercamp)

## SUMMER CAMP CALENDAR

### ...Session 1...

Monday, July 5<sup>th</sup> - Friday, July 15<sup>th</sup>

### ...Session 2...

Monday, July 18<sup>th</sup> - Friday, July 29<sup>th</sup>

### ...Session 3...

Monday, August 1<sup>st</sup> -Friday, August 12<sup>th</sup>

### ...Session 4...

Monday, August 15<sup>th</sup> - Friday, August 26<sup>th</sup>

## FEEES

### One session

9am-2pm \$720.00

9am-4pm \$820.00

### Two sessions

9am-2pm \$1395.00

9am-4pm \$1590.00

### Three sessions

9am-2pm \$2060.00

9am-4pm \$2350.00

### Four sessions

9am-2pm \$2680.00

9am-4pm \$3060.00

**FULL PAYMENT FOR ALL SESSIONS MUST BE PAID BY May 27<sup>th</sup>.** Financial Aid is available upon request.



The Philip Coltoff Center  
at Greenwich Village

# SUMMER CAMP 2011

The staff at The Philip Coltoff Center at Greenwich Village is delighted to welcome your youngsters to an exciting summer camp experience. The **SUMMER CAMP** program, housed at our Center on Sullivan Street, is for children ages 3 through 8 years old.

The Philip Coltoff Center at Greenwich  
Village

The Children's Aid Society

219 Sullivan Street

New York, NY 10012

Ph: (212) 254-3074

Fax: (212) 420-9153

[www.childrensaidsociety.org/pcc/summercamp](http://www.childrensaidsociety.org/pcc/summercamp)



# 2011 Summer Camp Registration Form

All registrations must be accompanied by a **\$300 non-refundable registration fee** and a **copy of your child's RECENT medical form and immunization record** in order to be processed. You may mail, fax or drop your application off at the center.

## ABOUT YOUR CHILD (please fill out a separate form for each camper):

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female  
 Current School: \_\_\_\_\_ Grade in Sept 2011(check one): 

3's	PreK	K	1 <sup>st</sup>	2 <sup>nd</sup>
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 What is your child's t-shirt size? 06/08 10/12 14-16

Did your child attend our Summer Camp program last year? Yes No Does your child have any allergies? If yes, please list:\_\_\_\_\_

Does your child have an Individualized Educational Plan (IEP), receive any special services, need to attend camp with a SEIT or have any behavioral issues we should be aware of? We want to help your child have a successful summer. All information is kept confidential. Yes No If yes, please describe services being received:\_\_\_\_\_

### Parent/Guardian 1:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Apt#: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email : \_\_\_\_\_@\_\_\_\_\_  
 Are you a Full Time CAS Employee? Yes No If so which location: \_\_\_\_\_

### Parent/Guardian 2:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Apt#: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email : \_\_\_\_\_@\_\_\_\_\_  
 Are you a Full Time CAS Employee? Yes No If so which location: \_\_\_\_\_

## PARENTAL/GUARDIAN CONSENT:

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ am authorized to register the above named child for the 2011 camp session, and agree to and consent to the following and I hereby do so by paying the registration fee of \$300.00 (which is **NON REFUNDABLE** under any circumstances).

Spaces are taken for the entire session and under no circumstances can sessions be split.

There are no reductions or refunds made for absences during the camp session or for withdrawal after enrollment.

In signing this agreement with The Children's Aid Society, I understand that the agency reserves the right to terminate enrollment at any time if, in its' judgment, special circumstances warrant it. In such situations, any refund or reduction of tuition will be determined by the Center Director and Camp Director.

There is a \$25.00 fee charged for all Returned Checks. Subsequent payment **MUST** be made in the form of a money order or cash.

Under no circumstances will a camper be allowed to enroll or attend any Children's Aid Society program while an unpaid balance exists in any PCC program.

I give authority to the Philip Coltoff Center to **obtain necessary emergency medical treatment** for my child, with the understanding that the family will be notified as soon as possible.

**Any photographs, negatives, prints or videos** of my child taken by The Children's Aid Society may be used to illustrate materials for the purpose of advancing its work on behalf of children.

At times during the summer, my child's camp group may take walking trips in the neighborhood. They may visit a park, a local store, or go on a nature walk. These trips will **NOT** require taking a bus, the subway, or any public transportation.

I give permission for my child, to leave the camp with her/his group for the purposes of swimming at the Thompson Street Pool. **(FOR CHILDREN 5 years old and older)**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_, 2011

**SCHEDULE & FEES** (Please indicate schedule request by checking appropriate session(s):

*(Child MUST be 3 years of age by the day they begin camp and 5 years old to register for the 9am-4pm schedule)*

9am-2pm (3-4 yr Olds) 9am-4pm (5 - 8 yr Olds)

Session 1 (7/05-7/15) Session 2 (7/18-7/29) Session 3 (8/01-8/12) Session 4 (8/15-8/26)

<b>FEES:</b>	
<b>1 session</b>	<b>2 sessions</b>
9am-2pm \$720.00	9am-2pm \$1395.00
9am-4pm \$820.00	9am-4pm \$1590.00
<b>3 sessions</b>	<b>4 sessions</b>
9am-2pm \$2060.00	9am-2pm \$2680.00
9am-4pm \$2350.00	9am-4pm \$3060.00

*There is an additional \$20 per session trip fee.*

<b><u>COMPLETE YOUR CAMP CHARGES:</u></b>	
Session Fees:	\$ _____ .00
Trip Fee (\$20 per session): (#of sessions x \$20)	\$ _____ .00
<b>Total Charges: (session + trip fees)</b>	<b>\$ _____ .00</b>
<b>Deposit:</b>	<b><u>\$300.00</u></b>
<b>Balance Due:</b>	<b>\$ _____ .00</b>

**Extended Day:**

To accommodate our working families, we offer Extended Hours for our campers at an additional fee of \$10/hour. Children may be dropped off between 8:00-8:40am and can extend their day as late as 6:00 pm. Extended Day can be used on an occasional basis, as you need it. ***Will you need extended day on a consistent basis?*** Yes No If so, to what approximate time? \_\_:\_\_\_PM

**PAYMENT TERMS & METHODS**

A \$300 non-refundable deposit is due along with your registration form and a copy of your child's recent medical form with immunization record. **All deposits are non-refundable.** Full payment is due no later than May 27th. If registering after May 27th, full payment is due at registration. Sessions are not interchangeable. There are no refunds or credits for withdrawals after May 27th, nor are there refunds for any absences or camp closings. PCC may cancel this application if payment is not received by May 27th.

**Choose One:**

Check enclosed (Payable to **Children's Aid Society**)

**OR**

I authorize the Children's Aid Society to charge my credit the \$300 non-refundable deposit only. I will pay the balance of my camp fees no later than May 20th.

**OR**

I authorize Children's Aid Society to charge my credit card the full balance upon registration.

**OR**

I authorize the Children's Aid Society to charge my credit card in the amount the \$300 Deposit upon registration, and the remaining balance on May 20th.

*We accept VISA, MASTERCARD and AMERICAN EXPRESS*

Name on Credit Card:\_\_\_\_\_ Credit Card Billing Address:\_\_\_\_\_

Zip:\_\_\_\_\_

Card Number:\_\_\_\_\_ CVC Code:\_\_\_\_\_ Expiration Date:\_\_\_\_\_/\_\_\_\_\_

Cardholder's Signature:\_\_\_\_\_

**Financial AID** is available to those who qualify. We offer **up to .75%** in aid toward camp & extended day fees. A complete financial aid application must be returned along with a copy of your complete tax returns & last 3 paystubs (for both parents). A deposit is still required if you are applying for Financial Aid. To request an application please e mail Rachel Gordian at [rachelg@childrensaidsociety.org](mailto:rachelg@childrensaidsociety.org).