

Mailing Address
 6 Kendall Drive
 New City, NY 10956
 Tel/Fax: 845-638-2515
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 Dc1tp1979@gmail.com

DAY CAMP IN THE PARK

EARLY BIRD APPLICATION 2020

NEW YORK CITY

Summer Telephone
 845-942-4781, 4782 Office
 845-942-4782 Fax Number



A Camper's Paradise



OFFICIAL USE ONLY	
DEPOSIT	_____
PAYMENT	_____
PAYMENT	_____
TOTAL	_____

PARENT'S LAST NAME _____

PARENT'S FIRST NAME _____

Email: _____

Camper's
 First & Last Name

	Age as of Sept. 2020	Grade as of Sept. 2020	D/O/B	Boy Girl	Full 8 Week Season	5-7 Week Season	Weeks 1-4	Weeks 5-8	Hot Lunch (additional fee)	Leadership Program (CIT)
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**First Day of
 Camp**
 Monday June 29th

**Last Day of
 Camp**
 Friday August 21st

2nd Session Starts
 Monday July 27th

Programs 4 weeks minimum	8 Weeks	7 Weeks	6 Weeks	5 Weeks	WHICH WEEKS (please circle weeks desired)				4 Weeks	4 Weeks (1 st or 2 nd sessions only)
					1	2	3	4		
DAY CAMP 4-15 years old	\$5900	\$5700	\$5500	\$4800	1	2	3	4	\$3900	\$3700
					5	6	7	8		

Optional Programs

- Hot Lunch \$50 per week
- CIT Program (14-15 year olds only) \$50 discount per week
- Nursery Program (4-5 year olds only) \$100 discount per week

**NO CAMP on
 Friday July 3rd**

**Call us for
 special rates on
 siblings &
 referrals!**

A \$500 deposit is to be paid by **September 30, 2019** for each camper with application
 Deposit refundable until March 27, 2020; **No** refunds after March 27, 2020 for any reason.

Balance due April 1, 2020 or the 2020 regular camp fee will be charge

Home Address _____ Apt# _____ Home Phone _____

_____ Zip _____ Cell Phone _____

Work Phone _____ Additional Phone or E-mail _____

- Please** note any vital medical / personal data that you feel we need to be aware of

IMPORTANT- MUST BE COMPLETED FOR BUS PICK UP
 Please show house location. Name all nearby streets and indicate if
 dead-end or cul-de-sac.

_____	_____	_____
_____	_____	_____