



WESTCHESTER SUMMER DAY 2010 Registration form

Full Summer Session

Monday June 28th through Friday August 20th

We will be closed Monday, July 5th

Early dismissal on Tisha B'Av, Tuesday July 20th and August 20th at 1:30pm

| Last Name | First Name | Sex M/F | T Shirt Size | Birth Date M/D/YY | School Attending | Grade in 9/10 | Total Weeks | Tuition Due | Start Date | End Date | Circle which weeks NOT at WSD | OFFICE ONLY |
|-----------|------------|---------|--------------|-------------------|------------------|---------------|-------------|-------------|------------|----------|--------------------------------------|-------------|
| | | | | | | | 8 7 6 5 4 | \$ | | | 1 2 3 4 5 6 7 8 | |
| | | | | | | | 8 7 6 5 4 | \$ | | | 1 2 3 4 5 6 7 8 | |
| | | | | | | | 8 7 6 5 4 | \$ | | | 1 2 3 4 5 6 7 8 | |

FAMILY INFORMATION – PLEASE PRINT CLEARLY

Mother: Mrs. _____ Dr. _____ Ms. _____ Last Name _____ First Name _____

Address _____ City/State/Zip _____

Home Phone (____) _____ Cell Phone (____) _____ Office Phone (____) _____ Full e-mail address _____

Father: Mr. _____ Dr. _____ Rabbi _____ Last Name _____ First Name _____

Address _____ City/State/Zip _____

Home Phone (____) _____ Cell Phone (____) _____ Office Phone (____) _____ Full e-mail address _____

Will you use transportation provided by Westchester Summer Day? (circle one) Yes No Indicate any special transportation concerns _____

Pick Up address: Street _____ Town _____ Cross Streets _____ & _____

Persons to be contacted in an emergency if parents cannot be reached:

| Name | Home phone | Office phone | Cell Phone | Relationship |
|----------|--------------|--------------|--------------|--------------|
| 1. _____ | (____) _____ | (____) _____ | (____) _____ | _____ |
| 2. _____ | (____) _____ | (____) _____ | (____) _____ | _____ |

MAKE ALL CHECKS PAYABLE TO:
Full Payment required with registration

Westchester Day School

- Deposit check enclosed \$ _____ Check# _____
\$500 per child
 - Interim payment enclosed (post-dated 3/1/2010) \$ _____ # _____
 - Balance payment enclosed (post-dated 5/1/2010) \$ _____ # _____
- TOTAL ENCLOSED \$ _____

MAIL ALL CHECKS TO:
Westchester Day School
856 Orienta Avenue
Mamaroneck, NY 10543
ATT: Summer Program

PLEASE TURN THIS PAGE OVER TO READ AND SIGN THE PARENTAL AUTHORIZATIONS → → → →

PARENTAL AUTHORIZATION – must be signed

1. In case of medical emergency, I hereby give permission to the medical personnel selected by the WSD Directors to provide routine health care and administer medication. I hereby give permission to utilize medical treatment outside of WSD, should the Directors deem such treatment necessary for the child’s well being; reasonable effort will be made to contact the parent prior to treatment.
2. Permission is hereby granted for my child(ren) to participate in all WSD sponsored activities. Permission is also granted to the Directors of WSD to take my child(ren) on off-ground trips as part of the regular summer program. To enable children to socialize during or after the summer your address & telephone number will be automatically included in a group list to be distributed only to your child's group.
3. Permission is hereby granted for photographs and/or videos to be taken of my child. WSD has the right to utilize these photographs and videos in WSD brochures or display material, and on our website.
4. I understand that WSD reserves the right to refuse admission to or terminate the registration of any child whose condition, conduct, influence or behavior is deemed unsatisfactory or detrimental to the best interest of WSD, or who violates WSD rules and regulations, in which case no refunds will be made.
5. I understand that:
 - (a) **A deposit of \$500 per child must accompany this registration form, in order to reserve a place for my children.**
 - (b) I am enclosing a check dated March 1st, 2010 for half the balance of all WSD fees, and another check dated May 1st, 2010 for the remaining balance of all WSD fees.
 - (c) The medical forms are due by May 31st, 2010.

CANCELLATION POLICY:

- Cancellations prior to March 1st, 2010 will be subject to a \$250 cancellation fee.
- Commencing March 1st, 2009 the \$500 deposit is non-refundable.
- **NO REFUNDS WILL BE ISSUED AFTER MAY 31st, 2010.**
- All cancellations and changes in dates of attendance must be in writing; there will be a \$100 fee for any such change.

I have read and agree to the policy statements enclosed.

Parent Signature _____

Date / /

- Week 1: Monday June 28th through Friday July 2nd**
- Week 2: Tuesday July 6th through Friday July 9th**
- Week 3: Monday July 12th through Friday July 16th**
- Week 4: Monday July 19th through Friday July 23th**
- Week 5: Monday July 26th through Friday July 30th**
- Week 6: Monday August 2nd through Friday August 6th**
- Week 7: Monday August 9th through Friday August 13th**
- Week 8: Monday August 16th through Friday August 20th**