



SEEDLINGS 2024 SUMMER CAMP

42 Henry Street, 718.222.1849

www.seedlingslearning.com

Name:	DOB:
	Age on 5/31/2024:
Address:	Parents:
Cell Phone#1:	Email:
Cell Phone #2:	
Authorized Pick Ups:	Emergency Pick Up:
Phone:	Phone:
Allergies:	Healthcare Provider:

<p>SUMMER CAMP HOURS:</p> <p>half day: 8:30 AM-11:30 AM *Camp begins at 8:30 AM and full day ends at 3 PM rather than 3:30 PM</p> <p>full day: 8:30 AM-3:00 PM</p>	<p>SUMMER CAMP COSTS</p> <p>3 week session B & C:</p> <p>3 half days: \$1075 3 full days: \$1600 4 half days: \$1450 4 full days: \$1975 5 half days: \$1800 5 full days: \$2200</p> <p>JUNE 12-14 Half/Full \$395/\$540 W TH F</p>	<p>Single Week:</p> <p>3 half days: \$395, 3 full days: \$540 4 half days: \$550, 4 full days: \$660 5 half days: \$640, 5 full days: \$750</p>
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PLEASE CIRCLE DAYS OF WEEK YOU PREFER

June 12-14	3 DAYS Half/Full \$395/\$540 W TH F			TOTAL \$
Session A: June 17 – July 12 CLOSED 6/19, Juneteenth and 7/1 TO 7/5	3 DAYS Half/Full \$1000/\$1490 M TU W TH F	4 DAYS Half/Full \$1350/\$1845 M TU W TH F	5 DAYS Half/Full \$1680/\$2055 M TU W TH F	TOTAL \$
Session B: July 15 – August 2	3 DAYS Half/Full \$1075/\$1600 M TU W TH F	4 DAYS Half/Full \$1450/\$1975 M TU W TH F	5 DAYS Half/Full \$1800/\$2200 M TU W TH F	TOTAL \$

Session C: August 5 - 23	3 DAYS Half/Full \$1075/\$1600 M TU W TH F	4 DAYS Half/Full \$1450/\$1975 M TU W TH F	5 DAYS Half/Full \$1800/\$2200 M TU W TH F	TOTAL \$
INDIVIDUAL WEEK(S)	3 DAYS Half/Full \$395/\$540 M TU W TH F	4 DAYS Half/Full \$550/\$660 M TU W TH F	5 DAYS Half/Full \$640/\$750 M TU W TH F	TOTAL \$
INDIVIDUAL WEEK(S)	3 DAYS Half/Full \$395/\$540 M TU W TH F	4 DAYS Half/Full \$550/\$660 M TU W TH F	5 DAYS Half/Full \$640/\$750 M TU W TH F	TOTAL \$

PAYMENTS:

TOTAL DUE:	Chase QuickPay /Zelle to: Alitse24@gmail.com
50% DEPOSIT DUE WITH APPLICATION TO HOLD SPACE	Venmo to: @Alice-TseChiu
FINAL PAYMENT DUE BY MAY 19TH	TOTAL DEPOSIT PAID:
	BALANCE DUE:

CANCELLATION/REFUND POLICY: Cancellations made on or prior to May 15, 2024, will receive a full refund minus a \$100 cancellation fee. Cancellations made after May 15th will be refunded 50% of the tuition.

IMMUNIZATIONS:

MEDICAL/IMMUNIZATION FORMS MUST be submitted to Alice at ALITSE24@GMAIL.COM, by May 15, 2024. We MUST have this for your child to attend camp. Please submit this separately and ensure it is valid through August 2024. Children without this will not be able to attend camp.

My child's immunization (incl influenza) records are attached. Yes _____ No _____

In case of illness: I understand Seedlings will first and foremost make every attempt to contact me by telephone in the event of an injury or illness to our child. We understand there is no school nurse or medical personnel. In case of emergency, we now give Seedlings permission to administer first aid or take my child to Presbyterian Children's Hospital or the nearest emergency room for emergency treatment. I understand Seedlings will also make attempts to contact the child's pediatrician, or Seedlings' pediatrician of choice, Pytlak, O'Conner, and Dalton located on Monroe Place in Brooklyn Heights. No suit shall be commenced nor claim made against Seedlings, Inc., and any of its employees, for any injuries sustained by your child on Seedlings' premises.

Parent Signature: _____ Date: _____

Date of Zelle/Venmo DEPOSIT payment	Date of Zelle/Venmo BALANCE
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