



SEEDLINGS 2025 SUMMER CAMP: **SESSION A**

42 Henry Street, 718.222.1849

www.seedlingslearning.com

| | |
|-----------------------------|-----------------------------|
| Name: | DOB: |
| Address: | Age on 6/9/2025: |
| Cell Phone#1: | Parents: |
| Cell Phone #2: | Email: |
| Authorized Pick Ups: | Emergency Pick Up: |
| Phone #: | Phone #: |
| Allergies: | Healthcare Provider: |

| | | |
|--|---|--|
| SUMMER CAMP HOURS: half day: 8:30 AM-11:30 AM full day: 8:30 AM-3:00 PM | SUMMER CAMP COSTS 3-week session A | Single Week: 3 half/full days: \$395/\$540 4 half/full days: \$550/\$660 5 half/full days: \$640/\$750 |
|--|---|--|

***Camp begins at 8:30 AM and full day ends at 3 PM**

PLEASE CIRCLE DAYS OF WEEK YOU PREFER

| | | | | |
|--|---|---|---|----------|
| Session A: June 9 – June 27 CLOSED 6/19, Juneteenth *tuition prorated | 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 \$ |
| 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 20TH | TOTAL DEPOSIT PAID: |
| | BALANCE DUE: |

CANCELLATION/REFUND POLICY: Cancellations made on or before May 20, 2025, will receive a full refund minus a \$100 cancellation fee. Cancellations made after May 20th will be refunded 50% of the tuition.

IMMUNIZATIONS:

MEDICAL/IMMUNIZATION FORMS MUST be submitted to Alice at ALITSE24@GMAIL.COM, by May 15, 2025. We MUST have this for your child to attend camp. Please submit this separately and ensure it is valid through August 2025.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 |
|-------------------------------------|-----------------------------|