



NO. \_\_\_\_\_

Parent/ Guardian 1's Last Name \_\_\_\_\_ Parent/Guardian 1's First Name \_\_\_\_\_

Parent/Guardian 2's Last Name \_\_\_\_\_ Parent/Guardian 2's First Name \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Parent/Guardian 1's Work Phone \_\_\_\_\_ Parent/Guardian 2's Work Phone \_\_\_\_\_

Parent/Guardian 1's Cell Phone \_\_\_\_\_ Parent/Guardian 2's Cell Phone \_\_\_\_\_

**Shirt Sizes**

Child 6/8    Child 10/12    Child 14/16    Adult SM    Adult MED    Adult LGE    Adult XL

CAMPER'S First Name	CAMPER'S Last Name	M/F	Date of Birth	Shirt Size

Mailing Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Morning Pick-Up Address \_\_\_\_\_ City \_\_\_\_\_ Apt. # \_\_\_\_\_

Afternoon Drop-Off Address \_\_\_\_\_ City \_\_\_\_\_ Apt. # \_\_\_\_\_

Afternoon Telephone \_\_\_\_\_ Name of Person at Afternoon Drop-Off Address \_\_\_\_\_

Comments (optional) \_\_\_\_\_

Please list any additional people that are authorized to pick your child up from camp \_\_\_\_\_

Can your child(ren) view a movie with PG-13 rating?  YES /  NO

This summer (2022) is my child's \_\_\_\_\_ year at Discovery Camp

How did you learn about our program? \_\_\_\_\_

Camper Tuition \$ \_\_\_\_\_

Deposit \$ \_\_\_\_\_

Balance \$ \_\_\_\_\_

**Please circle the weeks you are attending:**

- 1. July 5 - July 8       5. Aug 1 - Aug 5
- 2. July 11 - July 15     6. Aug 8 - Aug 12
- 3. July 18 - July 22     7. Aug 15 - Aug 19
- 4. July 25 - July 29     8. Aug 22 - Aug 26

\*Closed July 4th

**Tuition Rates Summer 2022**

No. of Weeks	Tuition
8	\$ 3,599
7	\$ 3,499
6	\$ 3,399
5	\$ 2,999
4	\$ 2,599
3	\$ 2,099
2	\$ 1,599

The total tuition includes transportation, camper insurance, all activities, shirts, tote-bag and trip admissions. All fees are to be paid in full by **May 4th 2022**. It is understood that no part of the tuition is refundable. However, for absences due to illness or accidents (as certified by a physician) for 10 consecutive days, a pro-rata refund will be issued for every day's absence thereafter. In the event World of Discovery is prevented from operating due to COVID, there will be no pro-rata refunds or otherwise for the days missed. I agree that should the camper(s) require medical attention during camp hours while in custody of World of Discovery, the Director is authorized to seek such medical or health related attention that he/she deems necessary.

I understand that participation in the activities of the camps may result in injury. I understand that it is impossible to eliminate the risks inherent in the activities. I assume all risks arising from or in any way connected with the activities and I release World of Discovery Day Camp, its employees and agents from all liability or financial responsibility arising in connection with any injury which my child may sustain if such injury is caused by the negligence of World of Discovery Day Camp, its employees and agents.

I have been informed by the staff of World of Discovery Day Camp that my child(ren) will be going on numerous trips, which I have reviewed and hereby give my permission for my child(ren) to attend all trips and rainy day excursions. I also permit my child(ren) to participate in World of Discovery Day Camp's Swim Program.

I understand that any picture and video taken by or on behalf of World of Discovery Day Camp of camp activities are its exclusive property and may be used for any reasonable purpose related to its business.

**NO CHILD WILL BE ADMITTED TO CAMP WITHOUT A COMPLETED MEDICAL FORM ON FILE!!!!**

Make Checks Payable and Send To:

**WORLD OF DISCOVERY DAY CAMP**

P.O. Box 604010

Bay Terrace, NY 11360-4010

(718) 229-3037

Email- info@worldofdiscovery.org

www.worldofdiscovery.org

Parent or Guardian

Date

WHITE COPY — OFFICE    YELLOW COPY — PARENT