



NO. _____

Mother's Last Name _____ Mother's First Name _____

Father's Last Name _____ Father's First Name _____

Home Telephone _____ Alternate Telephone _____

Mother's Work Phone _____ Father's Work Phone _____

Mother's Cell Phone _____ Father's Cell Phone _____

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) _____

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

This summer (2019) is my child's _____ year at Discovery Camp

How did you learn about our program? _____

Camper Tuition \$ _____

Deposit \$ _____

Balance \$ _____

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

Please circle the weeks you are attending:

- *1. July 1 - July 5 5. July 29 - Aug 2
- 2. July 8 - July 12 6. Aug 5 - Aug 9
- 3. July 15 - July 19 7. Aug 12 - Aug 16
- 4. July 22 - July 26 8. Aug 19 - Aug 23

*Closed July 4th

Tuition Rates Summer 2019

No. of Weeks	Tuition
8	\$ 3,399
7	\$ 3,299
6	\$ 3,199
5	\$ 2,799
4	\$ 2,399
3	\$ 1,999
2	\$ 1,499

The total tuition includes door to door transportation, camper insurance, all activities, shirts, tote-bag and trip admissions. All fees are to be paid in full **by May 1st**. Overnight and late night trips are optional at an additional charge. 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. 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