

Three day program
 Mon-Weds- Fri.
 Alternate
 schedules are
 available.



Group ____ Session ____

Confirmed ____ Bus ____

Extended Time AM ____ PM ____

Application for 2024 Summer Program

Child's Name _____ Sex M F Date of birth _____ Grade as of Sept. 2024 ____
 Address _____ Town _____ NY ____
 Home phone _____ E-Mail address _____

Check (x) all appropriate programs of your choice
sibling discount on second child with lesser tuition (doesn't include half day program)

Program	8 Weeks June 27- August 22, 2024 Closed July 4 & 5th	6 Weeks (circle weeks) 1 2 3 4 5 6 7 8	4 Weeks (circle weeks) 1 2 3 4 5 6 7 8
Ages 2 to 2.8 years 5 Half day 9:30am to 12:15pm NO TRANSPORTATION	\$2800	\$2300	\$1500
5 days Nursery Thru 1 st grade	\$4850	\$4150	\$3100
3 days Nursery Thru 1 st grade	\$4390	\$3750	\$2750
5 days 2 nd - 5 th grade	\$5400	\$4925	\$3300
3 days 2 nd - 5 th grade	\$4425	\$3875	\$2865
*5 day "Tween" Travel 6 th and 7 th grade	\$5700	\$5100	\$3775
*5 days "super" seniors 8th, 9th & 10 th grade ** see below	\$5900	\$5250	\$3900
Extended Day	Additional fee	Additional fee	Additional fee
5 day	_____ \$190	_____ \$160	_____ \$140
3 day	_____ \$155	_____ \$135	_____ \$120

Tuition includes lunch, transportation(limited areas), t-shirt, backpack, snack, camp pictures, all trips and insurance.

Camp hours are from 9:30 am to 4:30 pm. Extended day available from 7:00 am to 6:00 pm

***There is no 3 day option for this program**

**** If a session less than 8 weeks is chosen there will be an additional \$250 charge for the week of Club Getaway. This applies to our "super" senior program only.**

TRANSPORTATION INFORMATION (Please fill out so a seat is reserved for your child)

Child's Name _____
PARENT PROVIDING TRANSPORTATION D/O Time _____ P/U Time _____

P/U Address _____ P/U Phone _____

D/O Address _____ D/O Phone _____

Persons who can receive your child from bus _____

PLEASE READ AND SIGN CONTRACT ON REVERSE SIDE



T-Shirt size: Child __ 2-4 __ 6-8 __ 10-12 __ 14-16 Adult __ small __ medium __ large __ x-large __ 2XL

I prefer my child to be in the same group as _____

How did you hear about Carousel? _____

EMERGENCY INFORMATION:

Father _____ Business Phone _____ Cell _____

Mother _____ Business Phone _____ Cell _____

Emergency Name _____ Business Phone _____ Home _____

Physician _____ Office Phone _____

Carousel is licensed by the NY State Department of Health and is required to be inspected twice yearly. Inspection reports are filed at the Nassau County Dept. of Health, 200 County Seat Drive, Mineola NY 11501 Hours of operation for Health Department are Monday –Friday 9:00am to 4:00pm eastern time.

YOUR CANCELLED CHECK IS EVIDENCE OF ENROLLMENT

A DEPOSIT of \$250 which is fully refundable until April 30, 2024. **Full tuition is payable by May 1st and there are no refunds for absences, changes, withdrawals or termination after that date.** If the session is changed, the tuition is charged at the rate that is in effect at the time. In the event that a day is cancelled as a result of an Act of God or other cause beyond the control of the school, there shall not be any tuition refund or make up day. In case of emergency, Carousel will attempt to reach parents and then the emergency contact. If these parties are unavailable, then I authorize CAROUSEL DAY SCHOOL to use their own pediatrician/hospital and grant permission for emergency procedures.

I agree that videos/slides/quotes/photographs of my child can be used in promotional materials.

My child may participate in **all** activities and I give permission to CAROUSEL to transport my child.

“Binding Arbitration; I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Nassau County, New York, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state”.

I understand that Carousel Day School has a no cell phone policy on the campgrounds or on Carousel vehicles. This policy applies to both campers and staff.

Date

Parents Signature (person signing is financially responsible)

FOR OFFICE USE ONLY

Rate \$	_____	Dis \$	_____	Ext. \$	_____	Lunch \$	_____	Total\$	_____	Deposit \$	_____
Ledger	_____	Trans.	_____	Confirm	_____	Computer	_____	Delaney	_____	Date	_____
								Reg by	_____		