



Harrison Enrichment Center
255 Halstead Avenue, Harrison, NY 10528
(914) 315-6366 info@imagymnasium.net

Around the World Summer Camp 2022

2-6 years old

June, 6th - August, 26th

STUDENT PROFILE

Name	
Birthdate	Age
School and Grade	
Allergies and Dietary Restrictions	
Behavioral and Medical Conditions	

FAMILY PROFILE

Your Name	
Relationship to Student	
Address	
Phone Number(s)	Email

EMERGENCY CONTACT AND RELEASE INFORMATION

Emergency Contact Phone Number(s)	Relationship to Student
Emergency Contact Phone Number(s)	Relationship to Student
Emergency Contact Phone Number(s)	Relationship to Student

- ❖ In case of an emergency or illness, I request that the representative of the Harrison Enrichment Center contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact the physician, the representative of the HEC program may make whatever arrangements seem necessary. I agree to assume financial responsibility for any diagnosis, treatment, and/or medication deemed necessary. To the best of my knowledge, all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

Physicians Name: _____

Physicians Phone Number: _____

Parent/Guardian Signature _____ **Date** _____

Cost per week(s)*:

- 1 week - \$195 (\$211.33 including tax)
- 2 weeks - \$375 (\$406.41 including tax)
- 3 weeks - \$550 (\$596.06 including tax)
- 4 weeks - \$715 (\$774.88 including tax)
- 5 weeks - \$875 (\$948.28 including tax)
- 5 weeks (\$875) + \$175 per each additional week
- August 15th to 26th - \$215 per week** (\$233.01 including tax)

Single Days - \$45 (offered when available)

List the days _____

*Taxes are not included and will be added to the tuition.

Please choose session(s):

- | | | |
|---|---|--|
| <input type="checkbox"/> 9:00 am - 11:45 pm | or | <input type="checkbox"/> 12:15 pm - 3:00 pm |
| <input type="checkbox"/> June 6 - June 10 | <input type="checkbox"/> July 18 - July 22 | <input type="checkbox"/> August 15 - August 19** |
| <input type="checkbox"/> June 13 - June 17 | <input type="checkbox"/> July 25 - July 29 | <input type="checkbox"/> August 22 - August 26** |
| <input type="checkbox"/> June 21 - June 24 | <input type="checkbox"/> August 1 - August 5 | |
| <input type="checkbox"/> June 27 - July 1 | <input type="checkbox"/> August 8 - August 12 | |
| <input type="checkbox"/> July 11 - July 15 | | |

Juneteenth day observed on Monday, June 20th - Closed
 Independence day observed on Monday, July 4th - Closed
 July 4 - July 8 Closed

Terms, Conditions, and Policies

- The deposit of 50% of the camp fee is due with this application and the balance is due on or before the first day of camp (June 7th). This deposit is non-refundable.
- **Cancellations and No-Shows:** Please call or email us if your child is unable to attend the center due to illness or other circumstances. **There will be no make-ups or refunds for absenteeism.**
- Any child with an illness accompanied by a **fever and/or vomiting/diarrhea** must remain home until he/she is fever-free for a full 24 hours. Additional information in Policies and Procedures during Covid-19 Pandemic.
- If a child is going home with a classmate, please inform us of these plans. This will help to avoid confusion.
- ***Parents are responsible for the safety and behavior of children before and after sessions.***
- **Dress:** Please dress your child appropriately for our activities. We paint, glue, use markers and do science experiments and cook frequently and do not want special dress clothes ruined. Dress your child for comfort and ease of movement. This will allow your child to enjoy him/herself and

participate in all activities freely. Outdoor activity is an important part of our program. Please avoid slippery shoes, moccasins, sandals, clogs, etc. Their outdoor activity will be limited if they are wearing such shoes. On some days we'll ask parents to dress them in swimwear and put on sunblock prior to coming and bring towels and a change of clothes so we can enjoy sprinklers.

Please label all clothing with your child's name. Labeling articles of clothing will also assist the person picking your child up.

- Art projects usually go home the day they are created unless they are still in progress.
- If your child has unique words for using the bathroom, please let us know so we're able to get him/her to our facilities as soon as possible. Try to avoid the articles of clothing that are difficult for your child to fasten or unfasten. Children often wait until the last minute to ask to go to the bathroom!
- If your child is not potty trained, please provide your child with wipes, change of wipes cloths, and diapers (underwear, if your child is potty trained).
- All students have special toys that are very important today, however, sharing is sometimes difficult and things can get lost or broken. **We ask your children to leave their toys at home.**
- **Photography:** Imagymnasium has my permission to have my children appear in photographs, videos, publications, websites, newspapers, magazines, brochures, and social media platforms. I also understand that no royalty fee, or other compensation shall become payable to me by reason of such use. If you would like your child not to participate you must speak to the director.
- If your child is having a problem in the classroom, please feel free to discuss it with us. Sometimes we may be unaware of the situation, but with your information, we can take care of it as soon as possible.

Imagymnasium reserves the right to change the terms and conditions and Policies and Procedures during Covid-19 Pandemic.

I have read and agree with the above terms and conditions. I have received Policies and Procedures during Covid-19 Pandemic.

Parent/Guardian Signature: _____ Date: _____

Payment:

- Cash
- Check (Please make checks payable to **Harrison Enrichment Center or Imagymnasium**)
- Credit Card (see below)

Name on Credit Card		
Credit Card Number		
Expiration Date	CVV	Billing Zip Code

A vendor fee of **3.75%** will be applied

Signature: _____

Date: _____