

JULY 5 - AUGUST 12, 2016

Please complete form (2 pages) and submit to our Registration office.

CAMPER INFORMATION *Please print*

Today's Date: ____ / ____ / ____

Name _____ Age (by July 5, 2016) _____ Grade _____

Female Male Camper's DOB ____ / ____ / ____ New camper Returning camper 1199

Address _____

City _____ State _____ Zip _____ School _____

Parent/Guardian's Name #1 _____ Work Phone _____

Home Phone _____ Cell Phone _____ Email _____

Parent/Guardian's Name #2 _____ Work Phone _____

Home Phone _____ Cell Phone _____ Email _____

LUNCH *Choose One* My child will bring their own lunch Free DOE Food Nutrition Program Lunch

T-SHIRT SIZE S (4-6) M (7-8) L (10-12) XL (14+) OTHER _____

Two (2) t-shirts provided to each camper per session (must be worn to camp daily)

AUTHORIZED PICK-UP* At dismissal, my child will: Be picked up by a parent/authorized adult Go home without an escort

Name _____ Work/Home Phone _____ Relation _____

Name _____ Work/Home Phone _____ Relation _____

***Only adults over the age of 18 are authorized to pick up campers. Only the adult listed will be permitted to pick up your camper in addition to the Parent/Guardian. Any child going home with an escort must be at least 10 years of age.**

MEDICAL & SOCIAL HISTORY

Doctor's Name _____ Phone _____

Medical Insurance _____ Policy _____

Allergies (Medication, Foods, etc) _____

Please list any Medical Problems, including diagnosis _____

Is your child currently on any medications, including inhalers? Yes No If yes, name of medication _____

If yes, does the medication need to be taken during camp hours? Yes No

If yes, written permission must be submitted by the guardian allowing your child or a camp counselor to administer.

Is your child taking a break from any medication this summer? _____

Please list any behavioral issues that would be helpful for us to know about _____

EMERGENCY RELEASE

I give permission, in the event of an emergency, for first aid to be administered to my child. I understand that this may include transportation by ambulance to the nearest hospital and that every effort will be made by HSA to contact me.

Parent/Guardian Name _____ Signature _____
(Please Print)

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CAMP PRICING

| SESSION COST <i>Check All That Apply</i> | FULL DAY (8:30am-4:30pm) | HALF DAY (8:30am-12noon) | TOTAL |
|---|-----------------------------|-----------------------------|----------|
| <input type="checkbox"/> Full Summer (6 weeks) | \$2,475 | \$1,650 | \$ _____ |
| <input type="checkbox"/> Session A (July 5-July 15) | \$825 | \$550 | \$ _____ |
| <input type="checkbox"/> Session B (July 18-July 29) | \$825 | \$550 | \$ _____ |
| <input type="checkbox"/> Session C (August 1-August 12) | \$825 | \$550 | \$ _____ |

SUBTOTAL \$ _____

DISCOUNTS

| | | |
|---|----------------------------------|------------|
| <input type="checkbox"/> 15% Early Bird Discount (Before May 1) | 15% OFF = subtotal x 0.15 or 15% | - \$ _____ |
| <input type="checkbox"/> Sibling Discount (per additional child) | \$50 OFF | - \$ 50.00 |
| <i>Only select if this is an additional child. Discount does not apply to first child registered.</i> | | |

SUBTOTAL \$ _____

ADD-ONS (OPTIONAL)

| | | ADD |
|---|---|-------|
| <input type="checkbox"/> Early Drop Off (7:30-8:30am) | \$110 per session x (# of sessions) _____ = | _____ |
| <input type="checkbox"/> Late Pick Up (4:30-6:00pm) | \$165 per session x (# of sessions) _____ = | _____ |

TOTAL AMOUNT \$ _____

10% deposit is due to hold your spot. Total Amount Due x 0.10 or 10%
Tuition is due in full no later than one (1) week before each camp session begins.

DEPOSIT DUE \$ _____

PAYMENT

Certified Check/Money order Cash (in person) Credit Card: *Circle One* Visa MC Discover AMEX

Please charge my card in the amount of _____

Name (as it appears on card) _____ Card # _____

Exp. Date _____ Sec. Code _____ Signature _____

HSA does not accept personal checks.

Submit your completed registration form via email to info@HSAnyc.org, fax to 212.926.8653 or mail to:
 Harlem School of the Arts, c/o Anjolieque Coltrane, ARTScape Summer Camp Director, 645 Saint Nicholas Avenue, New York, NY 10030

Signature _____ **Date** _____

My signature above indicates that I accept the fees as indicated above. I understand that to ensure my child's place in the camp, the balance of registration must be paid in full one week prior to the camp start date. I also understand that refunds are only available up to one month prior to the camp start date, minus a \$100.00 handling fee.

Internal Use Only. Date _____ Deposit Paid _____ Paid In Full _____ MB _____ BB _____
 SSC _____ INVOICE _____ SCAN _____