



645 Saint Nicholas Avenue
New York, NY 10030



ARTScape 2019 Summer Day Camp Welcome Packet Checklist 2019

(Please Print)

Camper Name

Camper Age

Parent Name

Telephone Number

Email Address

Have I turned in my:

- Registration Form
- HSA Medical Form
- Emergency Contact Form
- Camp Conduct & Discipline Policy Form
- Swimming and Photo/Video Consent Agreement
- Parent Agreement
- Copy of Medical Insurance Card

For office use only: Once all forms are completed

Group _____	Medical Concerns _____
Staff Signature _____	Date _____

ARTScape 2019 Welcome Packet

Welcome to ARTScape 2019! We are delighted to have you on board! We look forward to a fun, safe and creative summer! We have a lot of thrilling activities and exciting trips planned for this year. Thank you for choosing to spend your summer with the Harlem School of the Arts.

Please take this time to carefully review some important camp details that are vital to understanding ARTScape Summer Day Camp policies, functions and day-to-day proceedings. Attached are the following important documents and forms that must be completed and returned to the Summer Camp Office **no later than Friday, June 21, 2019**. No child will be allowed to attend summer camp without a full completion of the forms. The attached forms are as follows:

- Welcome Packet Checklist
- Registration Form
- HSA Medical Release Form
- Emergency Contact Form
- Camp Conduct & Discipline Policy Form
- Swim Consent
- Photo/Video Consent Form
- Trip Itineraries will be distributed on the first day of each camp session
- Parent Agreement

Contact Information

Provided below is the contact information for ARTScape 2019 Summer Day Camp Director, Tracy Johnson via phone at (212)926-4100 ext 332. For any questions and concerns, please do not hesitate to contact us at artscape@hsanyc.org. Please keep this information on file for your records.

Thank you for reviewing this information packet! We look forward to a wonderful summer with you and your child(ren)!

Warmly,

Tracy Johnson
ARTScape 2019 Summer Day Camp Director
The Harlem School of the Arts, Inc.
T (212) 926-4100 Ext 305
F (212) 491-6913
E acoltrane@hsanyc.org

ARTSCAPE REGISTRATION FORM 2019



JULY 8 - AUGUST 16, 2019

Please complete this Registration Form in its entirety in order to register your child for **ARTScape Summer Camp** at Harlem School of the Arts for Summer 2019. The summer camp program will begin **Monday, July 8, 2019** and conclude on **Friday, August 16, 2019**. Parents are also responsible for submitting a signed copy of the **Student Medical Form 2019**, complete all other registration documents (Conduct & Discipline, Swimming Permission Slip, Photo/Video Consent, Emergency Contact and Trip Itinerary). **ALL FORMS MUST BE SUBMITTED IN PERSON** at the time of registration. **Final payment and other registration documents for ARTScape Summer Camp are due no later than Friday, June 21, 2019.**

OFFICE USE ONLY

- Full Summer Session A
 Session B Session C

CAMPER INFORMATION *Please print*

Today's Date: ____ / ____ / ____

A separate registration form must be completed for each member of a family registering for ARTScape 2019.

Name _____ Age (by July 8, 2019) _____ Grade _____

Camper's DOB ____ / ____ / ____ Female Male Trans Gender Nonconforming New Returning 1199

Address _____

City _____ State _____ Zip _____ School _____

Parent/Guardian's Name #1 _____ 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)

EMERGENCY CONTACT:

Name _____ Relationship _____

Mobile Phone _____ Work Phone _____ Email _____

AUTHORIZED PICK-UP*

Name _____ Relationship _____ Mobile Phone _____

Name _____ Relationship _____ Mobile Phone _____

Name _____ Relationship _____ Mobile Phone _____

***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.**

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)

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 _____

CAMP PRICING

SESSION COST *Check All That Apply*

FULL DAY (8:30am-4:30pm)

TOTAL

<input type="checkbox"/> Full Summer (6 weeks)	\$2850.00	\$ _____
<input type="checkbox"/> Session A (July 8-July 19)	\$975.00	\$ _____
<input type="checkbox"/> Session B (July 22-August 2)	\$975.00	\$ _____
<input type="checkbox"/> Session C (August 5-August 16)	\$975.00	\$ _____

SUBTOTAL \$ _____

ADD-ONS (OPTIONAL)

ADD

<input type="checkbox"/> Early Drop Off (7:45-8:30am)	\$110 per session x (# of sessions) =	\$ _____
<input type="checkbox"/> Late Pick Up (4:30-5:30pm)	\$165 per session x (# of sessions) =	\$ _____

An additional fee of \$10.00 daily will be applied after 5:30pm. After 6:00pm, your child will be escorted to nearest police precinct AS PER THE ACS PARENT GUIDE.

TOTAL AMOUNT \$ _____

TERMS AND CONDITIONS

ARTScape Summer Camp 2019 Term: The ARTScape Summer Camp season begins **July 8, 2019** and concludes on **August 16, 2019**. Please note that final tuition payments for the ARTScape Summer Camp 2019 semester at the Harlem School of the Arts are due no later than **July 5, 2019**. Unpaid balances as of July 6, 2019 will result in a camper not participating in ARTScape Summer Camp 2019. Any registration form accepted after June 21, 2019 deadline will pay a one-time payment of tuition fees.

Withdrawal Policies and Fees: Once a camper has registered, the payer of the student account is responsible for FULL payment of the classes for which the camper is enrolled. Parents/guardians wishing to withdraw a camper from camp must do so 2 weeks prior to the start of a session by the following method:

- Submit a withdrawal or cancellation request via email to info@hsanyc.org.
- In writing to Harlem School of the Arts, Attn: Registration Cancellations, 645 Saint Nicholas Avenue, New York, NY 10030.

Refunds are only available one month prior to July 6, 2019, minus a **\$100.00 administration fee. After July 5, 2019, NO REFUNDS WILL BE MADE.**



PLEASE READ THE FOLLOWING TERMS AND CONDITIONS CAREFULLY. BY CLICKING “I/WE ACCEPT THE TERMS AND CONDITIONS SET FORTH ABOVE,” THE STUDENT (IF OVER 18) AND/OR THE PARENT OR LEGAL GUARDIAN IS ENTERING INTO A BINDING AGREEMENT WITH HARLEM SCHOOL OF THE ARTS (HSA).

TERMS AND CONDITIONS

Academic Term: The Summer 2019 term begins **June 17, 2019** and ends **August 16, 2019**.

TUITION PAYMENT OPTIONS FOR SUMMER 2019	
Private Lessons Summer 2019	Full tuition is due at the time of enrollment
Dance Intensive 2019 <i>*Full cost of tuition is due for the 1 week option*</i> <i>*Registrations accepted after July 5, 2019 will require a one-time payment of tuition fees*</i>	Payment # 1: 25% of TOTAL Cost of Tuition at the time of enrollment Payment # 2: Due on May 17, 2019 Payment # 3: Final Payment Due by Friday July 5, 2019
Artscape Summer Camp 2019 <i>*Registrations accepted after July 5, 2019 will require a one-time payment of tuition fees*</i>	Payment # 1: 25% of TOTAL Cost of Tuition due at the time of enrollment Payment # 2: Due on May 17, 2019 Payment # 3: Final Payment Due by Friday July 5, 2019

TUITION FEES AND INFORMATION FOR SUMMER 2019			
Summer Programs	Duration	Special Rates	Final Price
Dance Intensive	4 weeks	\$1,600 *Before April 20, 2019	\$1,700
Dance Intensive	3 Weeks		\$1,350
Dance Intensive	2 Weeks		\$900
Dance Intensive	1 Week		\$500
Artscape	6 weeks		\$2850
Artscape	4 Weeks		\$1,950
Artscape	2 Weeks		\$975
Artscape Early Drop off	Per 2 Week Session		\$110
Artscape Late Pick up	Per 2 Week Session		\$165

TUITION FEES AND INFORMATION FOR PRIVATE LESSONS SUMMER 2019			
8 Sessions	Pricing	Individual	Pricing
30 Minutes	\$400	30 Minutes	\$50
45 Minutes	\$600	45 Minutes	\$75
60 Minutes	\$800	60 Minutes	\$100

Final Tuition Payment Due Dates and Proration of Tuition:

- (a) Please note that final tuition payments for the Summer 2019 term at HSA are due no later than **July 5, 2019**. **Unpaid balances as of July 6, 2019 may be transferred to an outside collections agency.**
- (b) HSA reserves the right to remove students with delinquent accounts from classes and programs until the tuition balance is paid in full. **Students with account balances will not be allowed to register for the following school term.**
- (c) There are no Pro-rating adjustments affiliated with any of the programs or classes offered for the summer 2019 school term.

Withdrawal Policies and Fees:

- (a) Once a student has registered, the payer of the student account is responsible for FULL payment of the classes for which the student is enrolled. Parents/guardians wishing to withdraw must do so within the first two (2) weeks of the semester by submitting a withdrawal or cancellation request (a) via email to info@hsanyc.org or (b) in writing to **Harlem School of the Arts, Attn: Registration Cancellations, 645 Saint Nicholas Avenue, New York, NY 10030.**
- (b) Contingent upon receipt of an email or written request to withdraw a child from a class, payers will receive a refund. **A \$200.00 administrative fee will be applied and deducted from the refund without exception.** HSA will not provide a refund after the first two (2) weeks of the semester or two (2) weeks after a student has been registered, whichever is later.
- (c) If a student must withdraw due to severe illness or injury that occurs while attending HSA, he/she may be eligible for a partial refund only with a written note from a physician.

ARTSCAPE REGISTRATION FORM 2019

JULY 8 - AUGUST 16, 2019



FORMS OF PAYMENT

HSA accepts cash, bank certified checks, money orders, MasterCard, Visa, American Express and Discover Card for tuition payment. **Returned checks and failed automatic payments are subject to a \$50.00 fee.**

Agreement made as of (date) _____ and between (parent) _____ and the Harlem School of the Arts (HSA), with its principle place of business at 645 Saint Nicholas Avenue, New York, New York 10030. I, (parent name) _____ agree to pay the full tuition in the amount of \$ _____ for my selected payment option below.

ARTSCAPE SUMMER CAMP 2017 TUITION SCHEDULE

FULL 6 WEEK CAMP SESSIONS	Payment #1 - 25% of TOTAL Cost of Camp Tuition Due at Registration Payment #2 - 25% Due on May 17, 2019 Payment #3 - Remaining Balance Due July 5, 2019
4 WEEK CAMP SESSIONS	Payment #1 - 25% of TOTAL Cost of Tuition Due at Registration Payment #2 - 25% Due on May 17, 2019 Payment #3 - Remaining Balance Due July 5, 2019
2 WEEK CAMP SESSIONS	Payment #1 - 25% of TOTAL Cost of Tuition Due at Registration Payment #2 - 25% Due May 17, 2019 Payment #3 - Remaining Balance Due July 5, 2019

***Please note that any unpaid balances as of July 6, 2019 will result in camper not participating in ARTScape Summer Camp 2017**

METHOD OF TUITION PAYMENT

HSA offers convenient ways to pay your camp tuition.

Please select a preferred method:

PAY IN FULL NOW I WILL MAKE REGULAR PAYMENTS ON OR BEFORE THE LISTED TUITION PAYMENT DATES.

Parent/Guardian Name (Please Print) _____ Parent Signature _____

NEED PAYMENT PLAN (Payment Plan Enrollment Form below.)

*Does not release you from payment obligation; **REQUIRES CREDIT CARD and AUTOMATIC PAYMENT PLAN ENROLLMENT.** FAILED AUTOMATIC PAYMENTS ARE SUBJECT TO A \$50.00 FEE. UNPAID BALANCES AS OF JUNE 21, 2019 WILL RESULT IN CAMPER NOT PARTICIPATING IN ARTSCAPE SUMMER CAMP 2019.

PAYMENT PLAN ENROLLMENT

Please complete the credit card authorization information below. **FAILED AUTOMATIC PAYMENTS ARE SUBJECT TO A \$50.00 FEE.**

I authorize the Harlem School of the Arts (HSA) to charge my credit card for payment(s) for the payment plan I have selected above. I understand that my credit card on file will be automatically charged on the dates listed above. I also understand that failed automatic payments are subject to a \$50.00 penalty.

Indicate payment method: Cash (in person only) Visa MasterCard Discover AMEX

I authorize the credit card indicated below to be charged in the amount of \$ _____

Cardholder Name _____ Credit Card # _____

Expiration Date (MM/YY) _____ Sec. Code (CVV) _____

Cardholder Signature _____ Date _____

I have read and accept the Terms and Conditions and the Tuition Payment Overview stated above. I understand that regardless of whether my child withdraws from the school for any reason during the term, I am responsible for the payment of full tuition, charges, and fees. If additional courses are added after this agreement is signed, I am responsible for the adjusted monthly payment amount and must have a new payment plan contract signed. I understand that regardless of the financial aid package the school offers or provides, I remain obligated to pay all tuition, charges, and fees. My signature below acknowledges approval of these terms.

Signature of Parent/Guardian: _____ Date: _____

DISCLOSURE OF PERSONAL INFORMATION

HSA may disclose the personal information of a student and/or his/her parent/guardian (including, but not limited to, name, address, school, grade, age, phone number, and email address) to HSA's employees for purposes of providing and facilitating the education of the student. Those purposes include, for example, personalizing the student's educational services at HSA, addressing the student's individual interests, communicating information about HSA's activities and programs, or registering or enrolling the student in HSA courses. HSA will avoid disclosing the student and/or his/her parent/guardian's personal information to any third party unless the student (if 18 years or older) or the student's parent/guardian has consented to such disclosure, or HSA is required to do so by law or to comply, for example, with legal process or a court order.



ARTScape 2019 Student Medical Form

Student: _____ Home Phone: (_____) _____
Last Name First Name Middle Initial

Birth Date: _____ Age: _____ Sex: M F Transgender Gender Non-Conforming

Grade Entering: _____ Address: _____
Street City State Zip Code

MEDICAL EMERGENCY RELEASE

In the case of a medical emergency, the School will make every effort to contact you as soon as possible.

Parent #1 _____ Parent #2 _____ Emergency Contact _____

Cell# _____ Cell# _____ Home# _____

Work# _____ Work# _____ Work # _____

In case we cannot reach you, we need your consent to allow the staff to secure the necessary health care in an emergency.

Please read the following disclaimer and sign below.

By signing below, the above named student (and parent(s) or guardian also signing below if the student is under 18 years of age), represent to The Harlem School of Arts that each of the person signing below understands the risks of injury that are described below, and agrees that the above named student assumes all risks associated with participation in activities offered by the School, including without limitation, dance classes, theater classes, music classes or visual arts classes, workshops or activities within. By signing below, the above-named student (and parent(s) or guardians also signing below if the student is under 18 years of age), further agree to hold harmless the School, its agents, Directors, officers and employees all as set forth below.

I am aware that participation in the Classes can be dangerous activity involving MANY RISKS OF INJURY. I hereby voluntarily assume all risks associated with participation and agree to hold harmless the School, its directors, officers, employees, and agents for all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in conjunction with my participation in any activities related to the Classes, including, but not limited to, any medical care given to me and the transportation connected therewith, except for gross negligence. The terms of this agreement shall serve as a release and assumption of risk for me, my parent (s) or legal guardian who has signed below, heirs, estate, executor, administrators, assignees and all members of my family.

To the best of the knowledge of each person signing below, the student named above is in good health and suffers no disability or condition which renders his or her participation in the classes or other activity inadvisable, or otherwise limits his or her ability to participate in such activity dance or theater activity or other activities without restriction.

I hereby authorize all representatives of the School to obtain in my behalf first aid, medical care, or if necessary admission to an appropriate health care facility, including, but not limited to, anesthesia and surgery, should such care become necessary for the treatment of any injuries I may sustain while attending the School. I also hereby consent to the administration of emergency medical treatment in the event I am unable subsequent to such injury; to give consent as otherwise would be necessary.

Any qualified medical personnel are hereby notified that this authorization is currently in effect as such personnel are directed to act upon such authorization without delay. I understand that reasonable efforts will be made to contact parents, the student's physician and/or emergency numbers given by me on this form.

Signature of Parent/Legal Guardian: _____ Date: _____

HEALTH INSURANCE INFORMATION		
Name of Insurance Carrier:	Telephone Number:	
Address:		
Name of Subscriber:		
Type of Policy:	Policy Number:	ID Number:

PLEASE ATTACH COPIES OF YOUR HEALTH INSURANCE AND PRESCRIPTION PLAN (if any) CARDS TO THIS FORM

If you belong to an HMO and would like your child referred to a specific primary care physician or specialist, please indicate in writing.

HEALTH HISTORY															
Allergies (including environmental):															
Chronic Illnesses:															
Medications:															
MEDICATION RELEASE															
I give permission to The Harlem School of Arts staff to administer the following medication in age-appropriate doses to my child on an as-needed basis:															
<table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: center; width: 20%;">Yes</th> <th style="text-align: center; width: 20%;">No</th> </tr> </thead> <tbody> <tr> <td>Tylenol/Ibuprofen:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Decongestants</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Antihistamines</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Antacids</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>		Yes	No	Tylenol/Ibuprofen:	_____	_____	Decongestants	_____	_____	Antihistamines	_____	_____	Antacids	_____	_____
	Yes	No													
Tylenol/Ibuprofen:	_____	_____													
Decongestants	_____	_____													
Antihistamines	_____	_____													
Antacids	_____	_____													
Signature of Parent/Legal Guardian: _____ Date: _____															

MEDICAL REPORT: *To be completed by your child's health care provider*

Annual medical checkups are required to attend The Harlem School of Arts.

IMMUNIZATION RECORDS

According to NY state law, all students must have the following:

1. Two measles shots after their first birthday
2. One mumps, one rubella after their first birthday
3. Diphtheria/tetanus booster shot within the past 10 years
4. Tuberculin test within the past two years, if previously negative.

Students who are not in compliance with New York State Immunization laws will not be able to attend The Harlem School of the Arts.

All exemptions must be approved, in writing, by the New York City Department of Health.

ATTENTION FOREIGN STUDENTS: You must comply with NY State regulations concerning tuberculosis control. Every student must have a PPD test. BCG immunization does not exempt students from this requirement. If you had a BCG one year ago or more, you must have a PPD test and, if positive, you must have a chest X-ray and be placed on preventative antibiotic treatment. Students who are not complaint will be sent to the Department of Health for evaluation.

I verify that all immunizations are up to date for this student. Yes: _____ No: _____

Height: _____ Weight: _____

Ballet training requires each student to be able to complete and participate in a full range of physical activities. I certify that this student is physically capable of participating in ballet training.

Signature of Healthcare Provider _____
Date

Print or type the Name of the Healthcare Provider _____
Address _____
Telephone Number

PLEASE RETURN THIS FULLY COMPLETED HEALTH FORM via mail or in person to:

The Harlem School of Arts
Tracy Johnson
ARTScape 2019 Summer Day Camp Coordinator
645 Saint Nicholas Avenue
New York, NY 10030



ARTScape 2019 Summer Day Camp Conduct Policy Form

The Harlem School of the Arts, ARTScape 2019 Summer Day Camp Program provides a fun, supportive and safe environment for children to learn and develop. It is our responsibility to ensure the safety of all children. HSA’s summer camp staff will make every effort to help children understand the difference between the importance of acceptable and unacceptable behavior.

Behavior Expectations

- Children must cooperate with staff and follow directions at all times
- Children must respect other children, staff, HSA equipment and facilities
- Children must stay with their designated group or counselor(s)
- Children must refrain from any behavior that threatens the safety or well-being of any child or staff person in our program, including themselves

Threatening behaviors that are unacceptable include, but not limited to:

- Making fun of, insulting, or bullying someone
- Making obscene gestures or comments
- Punching, kicking, slapping, biting, or using physical violence of any kind
- Using foul language and profanity
- Taking someone’s belonging without permission or stealing
- Writing inappropriate things about someone other campers, staff etc.
- Gossiping about someone
- Threatening someone with verbal/physical violence

ARTScape 2019 Summer Day Camp Conduct Policy & Process

First Offense: A verbal warning by the instructor and notification to the parent or guardian

Second Offense: Any child unable to comply with the behavior expectations, the site Coordinator and/or Director will set up an in-person conference with the parent/guardian

Third Offense: If the child continues to be disruptive and/or unsafe, the child will be subject to suspension or dismissal.

**Failure of the parent/guardian to attend conferences and cooperate with Camp Policies, will subject the child to suspension or permanent dismissal from the program.*

The use of corporal punishment is not allowed in HSA’s ARTScape 2019 Summer Day Camp program. Corporal punishment is the use of physical force to the body as a discipline measure. Physical force of the body included but is not limited to spanking, slapping, biting and shaking.

To view the complete HSA Student Conduct Policy Handbook please visit www.HSANyc.org

I have read, understand and agree with the policies as stated in this document and discussed the expectations of behavior with my child.

Parent/Guardian Signature: _____

Name of child attending Summer Camp _____

(Please Print)

ARTScape 2019 Summer Day Camp 2019 Consent Agreement Form

SWIMMING

I give permission for my child to participate in recreational swimming activities. I understand that the pool at Riverbank State Park is 4 feet across and for safety reasons, campers in red groups (ages 4-5) and children under 4 feet 5 inches tall will not be allowed to swim in the pool regardless of swimming abilities. Campers will instead utilize the sprinkler/park area.

Please **check one**:

- My child is a swimmer. (My child can swim in 4 or more feet of water without assistance).
- My child is a non-swimmer.

***All swimmers and non-swimmers will be tested their first week to assess their swim level (shallow/deep) prior to participating in any recreational swim activities.**

PHOTO & VIDEO RELEASE

I agree to give The Harlem School of the Arts (HSA) the right and permission to use my child and/or my child's name, picture (photograph, video or illustration), written or spoken words for reproduction in any publication or media prepared by HSA.

I waived any right to inspect or approve the finished materials that include my child and /or my child's name, picture and/or written or spoken words. I knowingly and voluntarily agree to hold harmless the Harlem School of Arts regarding the reproduction, publication, or other use of the Student's Likeness and Work, and further acknowledge and agree that by signing this Agreement, I waive any claim or cause of action I otherwise might have against the School regarding such usage or damage resulting therefrom.

I have read and full understand the above information and agree to its contents.

Parent/Guardian Signature:

Date:

ARTScape 2019 Parent Agreement

- Half Day Campers **will not** participate in field trips, recreational activities, and additional activities in the afternoon.
- Parents are also responsible for submitting a signed copy of the **Student Medical Form** and complete all other registration documents (conduct & discipline, swimming permission slip, photo/video consent, emergency contact and trip itinerary) **due no later than Friday, June 21, 2019.**
- Parents must pay in **FULL no later than June 21, 2019** to begin session(s) in ARTScape 2019. Unpaid balances as of **June 21, 2019** will result in camper not participating in ARTScape 2019 Summer Day Camp. Any registration form accepted **after June 21, 2019** will pay a **FULL** one-time payment of tuition fees.
- Once a camper has registered, the payer of the camper's account is responsible for **FULL** payment of tuition for which the camper is enrolled. Parents/guardians wishing to withdraw a camper from camp must do so 4 weeks prior to the first day of the session by the following method:

Submit a withdrawal or cancellation request via email to info@hsanyc.org

- Parents/guardians wishing to withdraw and camper from camp **after** July 8, 2019 must do so within the first 2 days of camp by the following method:

Submit a withdrawal or cancellation request via email to info@hsanyc.org

Refund requests made within one month prior to **July 8, 2019**, will result in a **FULL** refund.

Refund requests made **after July 8, 2019**, will result in **no refund** and a \$100 administration fee will apply.

- For an additional fee of \$110.00 per (2) week session, Early Drop begins at 7:45am. \$165.00 per (2) week session, Late Pick-Up ending at 5:30pm. **Note: Any camper picked up after 6:30pm will be charged \$10.00 late fee to the payer of the camper's account. This charge will be applied daily. If a camper is not picked-up by 6:45pm and we have not received any communication from parent/guardian, camper will be escorted to nearest police precinct (AS PER ACS PARENT GUIDE HANDBOOK).**

I have read, understand and agree with the terms as stated in this document.

Parent/Guardian Signature: _____

Name of child attending Summer Camp _____