



199 West Rd. Suite 150

Pleasant Valley, NY 12569

845-635-5930

## Summer Program 2020 Registration Form

Last Name:

First Name:

Address:

City:

Zip:

Parent cell Phone:

Email:

Please circle the days and times you wish to register your child for the following weeks:

WEEK OF: 7/6-7/10            M            T            W            Th            F

9am-12pm

9am-2pm

9am-4pm

WEEK OF: 7/13-7/17        M            T            W            Th            F

9am-12pm

9am-2pm

9am-4pm

WEEK OF: 7/20-7/24        M            T            W            Th            F

9am-12pm

9am-2pm

9am-4pm

WEEK OF: 7/27-7/31        M            T            W            Th            F

9am-12pm

9am-2pm

9am-4pm

WEEK OF: 8/3-8/7            M            T            W            Th            F

9am-12pm

9am-2pm

9am-4pm

WEEK OF: 8/10-8/14        M            T            W            Th            F

9am-12pm

9am-2pm

9am-4pm

WEEK OF: 8/17-8/21        M            T            W            Th            F

9am-12pm

9am-2pm

9am-4pm

**TURN OVER----->**

**Please list any allergies:**

**Please list any conditions we should be aware of:**

**Please Read and Initial:**

My payment is due no later than the Monday of the camp week I am registering for. \_\_\_\_\_

Once the week has begun, there are no refunds. \_\_\_\_\_

I am aware there is an additional charge for early drop off and late pick up after 4 pm. \_\_\_\_\_  
(See flyer for details)

A written note must be sent indicating desired days of early drop off or late pick up. \_\_\_\_\_

I understand I must pack lunch and snack for my child. \_\_\_\_\_

I have signed the Gold Star Gymnastics registration form/waiver. \_\_\_\_\_

I must pick up my child in person, or write a note if someone other than myself will be picking-up my child for camp. Phone calls are not permitted. \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_