YORKTOWN STAGE THEATRE WORKSHOPS **Summer 2017 CAMP REGISTRATION FORM**

MAIL TO: YORKTOWN STAGE, PO BOX 877, YORKTOWN HEIGHTS, NY 10598 Use separate form for each child.

SESSION 1 JUNE 26 - JULY 7* SESSION 2 JULY 10 - 21 SESSION 3 JULY 24 - AUGUST 4 SESSION 4 AUGUST 7 - 18 ONE WEEK**: ONE WEEK: * There is NO CAMP Monday and Tuesday, July 3-4	Mon-Fri Mon-Fri Mon-Fri Mon-Fri Mon-Fri ** The single	9:00am-3:30 9:00am-3:30 9:00am-3:30 9:00am-3:30 9:00am-3:30 9:00am-3:30 weeks of June 26	pm
Child's Name:		First	
Date of Birth: Age Today:	Grade Fall 2	2017: H	Boy / Girl (Circle)
Name of Primary Parent/Guardian:	En	nail Address	
Name of Primary Parent/Guardian: Email Address REQUIRED: Confirmation of Registration will be sent by EMAIL ONLY Address of Primary Parent/Guardian: Number & Street Town State & Zip			
Address of Primary Parent/Guardian: Number & Street Phone Nos. Primary Parent/Guardian: Home (Please Be Sure To) Name of Other Parent/Guardian:	Rus	Town	State & Zip
(Please Be Sure To	Add Area Code)	1 4 1 1	
Phone Nos. Other Parent/Guardian: Home Area Code Area Code	Busi e/Number	nessArea Code/Nur	Cell Area Code/Number
Prior YS Camper: Child To Be Placed	With (Optional	al):	wa aga ay guada will ba placed together
Prior YS Camper: Child To Be Placed With (Optional): Only children of same age or grade will be placed together. Emergency Contact (to be called if Prime or Other Parent / Guardian cannot be reached):			
Name:	Phone:		

Signature of Parent / Guardian			Date:
RELEASE OF MINORS: All campers are released at the end of the camp day to parent / guardians. NO CAMPER WILL BE ALLOWED TO LEAVE WITH A STRANGER.			
My child can be released to the following people: NAME: NAME:	PHONE: PHONE:		
REFUND POLICY: If a person withdraws from a summer session prior to June 15 of the camp year , then the total fee, (less 25% for administrative costs), will be refunded. <i>There will be no refunds for any person for any reason after June 15 of the camp year</i> . The Camp Director and/or the Executive Director have the right to dismiss any child for behavioral problems. Money will not be refunded for days missed due to dismissal or illness. NOTE: Your application cannot be processed unless completely filled out and signed. Your medical forms(s) must be submitted before the session			
starts. You will receive EMAIL confirmation of Registration. PLEASE remove spam filters. If not received, PLEASE call office at 914-962-0606.			
FULL PAYMENT IS REQUIRED AT THE TIME OF REGISTRATION (Deduct \$15 for first sibling enrolled, if applicable)			
IF PAYING BY CHECK (PREFERRED METHOD):			CREDIT CARD:
AMOUNT ENCLOSED \$			D BE CHARGED \$
Check #		Expiration Da	# te
Bank City		Security Code	