YORKTOWN STAGE THEATRE WORKSHOPS
Summer 2019
CAMP REGISTRATION FORM

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

SESSION 1 JUNE 24 - 28	**Mon-Fri**	**9:00am-3:30pm**	**____**	**$225.00**
SESSION 2 JULY 8 - 19	**Mon-Fri**	**9:00am-3:30pm**	**____**	**$379.00**
SESSION 3 JULY 22 – AUGUST 2	**Mon-Fri**	**9:00am-3:30pm**	**____**	**$379.00**
SESSION 4 AUGUST 5 - 16	**Mon-Fri**	**9:00am-3:30pm**	**____**	**$379.00**
SESSION 5 AUGUST 19-23	**Mon-Fri**	**9:00am-3:30pm**	**____**	**$225.00**
ONE WEEK:_____	**Mon-Fri**	**9:00am-3:30pm**	**____**	**$225.00**

Child's Name: _____
Last *First*

Date of Birth: _____ Age Today: _____ Grade Fall 2018: _____ Boy / Girl (Circle)

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

Phone Nos. Primary Parent/Guardian: Home _____ Business _____ Cell _____
(Please Be Sure To Add Area Code)

Name of Other Parent/Guardian: _____ Email Address _____

Phone Nos. Other Parent/Guardian: Home _____ Business _____ Cell _____
Area Code/Number Area Code/Number Area Code/Number

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: _____

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RELEASE STATEMENT: I hereby release the Executive Director and all employees of YORKTOWN STAGE from all claims of liability for any damages or injuries which may be sustained while my child is in camp. I hereby give permission for my child's photograph to be used in Yorktown Stage's Summer Camp publications, and for advertising and promotions. I hereby authorize YORKTOWN STAGE to charge my credit card below referenced, if any, for any and all charges incurred by me, relating to the extended care of my child, either before care or aftercare.

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: _____ PHONE: _____
NAME: _____ 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. ***There will be no refunds for any person for any reason after June 15 of the camp year.*** *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):	*IF PAYING BY CREDIT CARD:*
AMOUNT ENCLOSED $ _____	**AMOUNT TO BE CHARGED $ _____**
Check # _____	Credit Card # _____
Bank Name _____	Expiration Date _____
Bank City _____	Security Code _____