



# NEW ADVENTURES DAY CAMP REGISTRATION FORM

## A PROGRAM OF WORKING PARENTS ALLIANCE

Please return this form with your deposit to:  
**WORKING PARENTS ALLIANCE**  
 485 13th Street, Brooklyn, NY 11215

CAMP KEY: P – Pathfinders V – Voyagers TT – Teen Trek

### CAMPER INFORMATION:

Child's Full Name	Sex	Date of Birth	Grade <small>in SEPT. 2017</small>	School	T-Shirt Size <small>PLEASE CIRCLE ONE</small>
					Children S M L Adult S M L XL
					Children S M L Adult S M L XL
					Children S M L Adult S M L XL

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_

**EMAIL ADDRESS: (Please print legibly)** \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

CHILD LIVES with:  Mother  Father  Both  Other

How did you hear about the *New Adventures Day Camp*? \_\_\_\_\_

### MY CHILD WILL BE ATTENDING: Please check off weeks below:

**Minimum 2 Weeks. Weeks do not need to be consecutive. Two-week option must meet stated requirements.**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> WEEK 1: 7/03 – 7/07 | <input type="checkbox"/> WEEK 2: 7/10 – 7/14 | <input type="checkbox"/> WEEK 3: 7/17 – 7/21 | <input type="checkbox"/> WEEK 4: 7/24 – 7/28 |
| <input type="checkbox"/> WEEK 5: 7/31 – 8/04 | <input type="checkbox"/> WEEK 6: 8/07 – 8/11 | <input type="checkbox"/> WEEK 7: 8/14 – 8/18 | <input type="checkbox"/> WEEK 8: 8/21 – 8/25 |

DAYS PER WEEK:  5  4  3      WHICH DAYS: (Minimum 3 days. Days must be the same each week)

Monday  Tuesday  Wednesday  Thursday  Friday

#### EARLY MORNING DROP-OFF

#### LATE STAY

Monday  Tuesday  Wednesday  Thursday  Friday       Monday  Tuesday  Wednesday  Thursday  Friday

**BUS TRANSPORTATION** My child will be using the bus service  Yes  No

I live between these streets \_\_\_\_\_ and \_\_\_\_\_

**PAYMENT ENCLOSED** Deposit \$ \_\_\_\_\_

Please indicate the type of payment you will be making:  Cash  Check\*  Visa  Mastercard  Discover

Account Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security ID # \_\_\_\_\_ Card Holder Name \_\_\_\_\_ Zip Code \_\_\_\_\_

\*All checks and money orders must be made payable to **Working Parents Alliance**

### AGREEMENT: FORM NOT VALID UNLESS SIGNED

I understand that full payment of camp fees will be made on or before June 2, 2017. Failure to pay in full by that date will result in cancellation of my child's enrollment in day camp and a \$100 service charge. Once camp begins, there will be no refunds made except for reasons due to illness accompanied by a physician's statement. If registering for less than five days per week, all days must be the same each week. I understand that days and weeks may not be swapped. The Working Parents Alliance reserves the right, after due notification to the parent/guardian to cancel any camper enrollment or dismiss a camper whose conduct or behavior is deemed unsatisfactory to the best interests of the camp. There will be no refunds given for such dismissal. I authorize the camp to use my child's photograph in publicity and news releases at its discretion. I agree to allow my child to participate in all camp trips and activities. I understand the camp will not administer medication to my child except for routine first aid needs. I understand that the day camp is not responsible for lost, stolen or damaged items. Finally, I understand that the Working Parents Alliance (NADC), its officers, agents or employees will not be responsible for any accident or injury unless arising out of negligence or willful misconduct of its personnel.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

Date \_\_\_\_\_

### OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Camp Fee: \$ _____	Early Bird Discount: \$ _____	Sibling Discount: \$ _____	Referral Discount: \$ _____
Transportation: \$ _____	Early Morning: \$ _____	Late Stay: \$ _____	
	Deposit: \$ _____	Balance Due: \$ _____	Receipt: # _____

NEW ADVENTURES

DAY CAMP

485 13th Street  
Brooklyn, NY 11215



*Celebrating Twenty Years of Summer Fun!*

## CAMP MEETINGS

See and hear about the New Adventures Day Camp. Attend one of our meetings during the upcoming months. Call our camp office at (718) 965-4757 for specific dates and times. We look forward to hearing from you.



The New Adventures Summer Day Camp is not a program of, or otherwise sponsored by, the New York City Department of Education.