



400 Sheep Pasture Road, Port Jefferson 11777  
Phone: (631) 476-9698 Fax: (631) 642-9701

2210 Smithtown Avenue, Ronkonkoma, NY 11779  
Phone: (631) 585-2020 Fax: (631) 585-8681

**SCHOOL AGE SUMMER PROGRAM 2012 APPLICATION FORM**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Work #: \_\_\_\_\_ Father's Work #: \_\_\_\_\_

Other Responsible Persons: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies: \_\_\_\_\_

T-Shirt Size: Adult XS S M L XL or Child XS S M L XL

Special Info/Instructions: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dates of Attendance**

Please check the weeks and CIRCLE the days and fill in the hours your child will be attending:

\_\_\_ June 25 - 29 MTWTF from \_\_\_:\_\_\_ to \_\_\_:\_\_\_      \_\_\_ July 23 - 27 MTWTF from \_\_\_:\_\_\_ to \_\_\_:\_\_\_

\_\_\_ July 2 - 6 MT TF from \_\_\_:\_\_\_ to \_\_\_:\_\_\_      \_\_\_ July 30 - Aug 3 MTWTF from \_\_\_:\_\_\_ to \_\_\_:\_\_\_

\_\_\_ July 9 - 13 MTWTF from \_\_\_:\_\_\_ to \_\_\_:\_\_\_      \_\_\_ Aug 6 - 10 MTWTF from \_\_\_:\_\_\_ to \_\_\_:\_\_\_

\_\_\_ July 16 - 20 MTWTF from \_\_\_:\_\_\_ to \_\_\_:\_\_\_      \_\_\_ Aug 13 - 17 MTWTF from \_\_\_:\_\_\_ to \_\_\_:\_\_\_

Fee: \$283 per week or \$68 per day      \_\_\_ Aug 20 - 24 MTWTF from \_\_\_:\_\_\_ to \_\_\_:\_\_\_

Application Fee: \$75 non refundable per child (\$50 if enrolled by April 16, 2012)

Total Due\$ \_\_\_\_\_ Check here for DSS \_\_\_\_\_ and indicate parent fee\$ \_\_\_\_\_

Non-refundable 50% Deposit \$ \_\_\_\_\_ (cash/check# \_\_\_\_\_) Date \_\_\_\_\_

Balance Due June 18, 2012: \$ \_\_\_\_\_ (cash/check# \_\_\_\_\_) Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**PRIVATE PAY: \_\_\_\_\_ DSS: \_\_\_\_\_ PARENT FEE:\$ \_\_\_\_\_**