



# HJC SUMMER ADVENTURE

## Enrollment Application 2017

**ENROLL BY  
3/1/17 AND  
SAVE \$100!!**

Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age/ Grade as of September 2017 \_\_\_\_\_

Home Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Allergies?  Yes  No If yes, please list: \_\_\_\_\_

Parent 1 \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Parent 2 \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact # 1 \_\_\_\_\_ Relationship \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact # 2 \_\_\_\_\_ Relationship \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

**JUNE 26 — AUGUST 18 (8 weeks)**

**9:30 am — 1:30 pm**

***NO CAMP on July 4th***

PROGRAM <i>Age as of September 2017</i>	5 DAY		4 DAY		3 DAY	
	Member <b>\$1910</b>	Non-Member <b>\$2110</b>	Member <b>\$1650</b>	Non-Member <b>\$1800</b>	Member <b>\$1315</b>	Non-Member <b>\$1415</b>
First Grade M T W Th F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindergarten M T W Th F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 YEAR OLD M T W Th F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 YEAR OLD M T W Th F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 YEAR OLD M T W Th	5 days not available for 2 year olds		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***\$35 registration fee***

***Early and Late Care Available***

***Any questions please inquire in the office  
Program Director Ilene Brown (631) 425-0525  
ibrown@hjcny.org***