



Merrick Ave Eisenhower Park, East Meadow, NY 11554 (516) 394-8344 ext 431

Fax 516-706-0581 Also email form to or for questions jeffery@steppreschool.com

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Gender _____ Birthday _____ Age _____ Grade (fall 2018) _____

Home phone - _____ Email _____

Mother's Name _____ Cell _____ Work _____

Father's Name _____ Cell _____ Work _____

Friend Request(s) _____

| |
|--|
| Pricing per week |
| Week 1 \$340.00 ½ day 225.00 |
| Weeks 2 to 8 |
| \$375.00 weekly full day |
| Or half day weekly \$250.00 |
| All 8 weeks \$2800.00 9-4 |
| ½ Day all 8 weeks \$1900.00 9-1 |
| <i>Sessions can be tailored to fit your individual needs and budget we offer sibling discounts</i> |

Full day is 9 to 4 Half day 9-1
Ages 8 weeks to 9 years of age
Extras (Please Circle):
 Door-to-Door Transportation= \$125 per/wk

Before Care 7am to 9am \$10.00 per day

After Care 4pm to 6pm \$10.00 per day

10% Discount for all current or future STEP Academy students

some daily activities include:

Skating, Soccer, Lacrosse, Gymnastics, Dodge Ball, Arts & Crafts, water activities, Dance, Batting cages, Putt putt golf
 And much more to come!!!

| | | | | | | | |
|---|--|---|---|---|--|---|---|
| July 2 th to July 6 th (1) | July 9 th to July 13 th | July 16 th to July 20 th | July 23 th to July 27 th | July 30 st to Aug 3 rd | Aug 6 th to Aug 10 th | Aug 13 th to Aug 17 th | Aug 20 th to Aug 24 th |
|---|--|---|---|---|--|---|---|

Circle choice above

Enclosed is my deposit of **\$200 (balance to be paid Start of camp)** #of weeks _____ x Total _____

All major cards accepted: Name _____ Card no. _____

Exp date _____ / _____ CVV code _____

As a parent or guardian of the applicant, I hereby accept the enrollment and give permission for my child to participate in STEP Day Camp and charge My Credit card above. I agree to comply with all program regulations, and hereby remove campsite staff, management, STEP Day Camp, and Twin Rinks Ice Center, from all liability for injury or damages incurred while involved in this program. In case of emergency and I cannot be reached, I hereby give my permission to STEP Day Camp to seek medical treatment for my child. STEP Day Camp retains the rights to any photographs or video tapes of the campers taken at camp to be used for publicity or advertising. There are no refunds for cancelation of contract at any time during your chosen weeks.

Signature _____ Date _____

