



Northwell Health Ice Center, East Meadow, NY 11554 (516)394-8344 x:431 Fax516-706-0581

E-mail Forms or for Inquires: jeffrey@steppreschool.com

Childs First Name _____ (Nick Name) _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Gender _____ Date of Birth _____ Age _____ Grade (Fall 2019) _____

Parent 1 Name: _____ Parent 1 Home#: () _____ Parent 1 Cell# () _____

Parent 1 Email: _____ @ _____

Employer Name & Address & Phone #: _____

Parent 2 Name: _____ Parent 2 Home#: () _____ Parent 2 Cell# () _____

Parent 2 Email: _____ @ _____

Employer Name & Address & Phone #: _____

Pricing- 9-4 F/T or 9-1 P/T
Week 1 \$225.00 ½ day 180.00
Weeks 2 to 8
\$375.00 Weekly full day
Or half day weekly \$300.00
All 8 weeks (\$50 disc if paid in full) Full time- \$2850.00 9-4 ½ Day all 8 weeks \$2,250.00 9-1
<i>Sessions can be tailored to fit your individual needs and budget we offer sibling discounts</i>

Extras (Please Circle):

- Door-to-Door Transportation Inquire within
- Before Care 7am-9am \$9.00/day
- After Care 4pm-6pm \$9.00/day (Billed separately per month in real time)
- 10% Discount for FULL TIME schedule for all current registered STEP Students
- 1st sibling discount = 5% discount
- 2nd sibling discount= 7% discount
- 3rd sibling discount= 10% discount
- Friend Request: _____

Skating, Soccer, Lacrosse, Tumbling, Dodge Ball, Arts & Crafts, Water Activities, Batting Cage, Putt Putt Golf
Local Field Trips for Kindergarten & Older (add'l cost)
(CIRCLE THE REGISTERED WEEKS)

July 1 th to July 3 rd (1)	July 8 th to July 12 th	July 15 th to July 19 th	July 22 th to July 26 th	July 29 st to Aug 2 nd	Aug 5 th to Aug 9 th	Aug 12 th to Aug 16 th	Aug 19 th to Aug 23 th
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Enclosed is my deposit of \$200 (balance to be paid 2 WEEK PRIOR TO CAMP) #of weeks _____ x \$ _____ = Total _____

Name _____ Card no. _____ Exp date _____ Security 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 Sports Corp. III & Northwell Health 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 Sports to seek medical treatment for my child. STEP Sports 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 the registration at any time during your chosen weeks.***

Signature: _____ Printed Name: _____ Date _____

