



Riverdale Y Summer Stage

5625 Arlington Ave. / Bronx, NY 10471 (718) 548-8200 FAX (718) 796-6339 / www.RiverdaleY.org

Changes made to registrations will be at prevailing rate when change is made. There will be a \$35 change fee for each registration change.

PLEASE READ AND COMPLETE ENTIRE FORM. PLEASE PRINT)

Riverdale Y Member? _____ Are siblings attending camp? Yes _____ No _____ If yes, which Y Camp? _____

PARTICIPANT NAME

(Last) _____ (First) _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Participant's Birth Date _____ Male _____ Female _____

Current school _____ Entering Grade _____

Religion (optional) _____

PARENT 1 NAME

(Last) _____ (First) _____

Date of Birth _____

Home Phone _____

Cell Phone _____

Business Phone _____

Email _____

PARENT 2 NAME

(Last) _____ (First) _____

Date of Birth _____

Home Phone _____

Cell Phone _____

Business Phone _____

Email _____

- Annual Family Membership (minimum of 12 months beginning from date of registration) in the Riverdale Y is required to qualify for member fees.
- Payment terms (3 payment options):
 - ☐ Full payment at time of registration
 - ☐ 3 equal payments. First due at time of registration; second payment scheduled January 15, 2016; third payment scheduled May 13, 2016 by credit card (MasterCard/Visa) or post-dated checks. Add \$5 per payment processing fee.
 - ☐ Monthly scheduled payments ending June 1, 2016 by credit card (MasterCard/Visa) or post-dated checks plus \$5 per payment processing fee. First payment is due at time of registration.
- If I cancel or change a registration, the following procedures will be in effect:
 - Until February 15, 2016, full refund of all payments except \$500.00
 - After February 15, 2016, ALL FEES ARE NON-REFUNDABLE
 - All requests for changes to or cancellations of camp registrations must be submitted in writing. Any modification to a camp registration will incur a \$35 processing fee.
- If, in the opinion of the camp director, the continuance of the child at camp is not in the best interest of either the child or the camp, there will be a pro-rated refund of tuition, but not of other fees and charges.
- THERE IS NO REDUCTION OR REFUND OF FEES DUE TO ABSENCE, ILLNESS, OR WITHDRAWAL, AFTER MAY 15.**
- We reserve the right to use all pictures taken during the summer for publicity purposes and on the website.
- A current medical form must be on file in the camp office by June 1. All immunizations must be up to date, including HIB. We are not permitted to administer medications to children at camp. Medicals must be dated no earlier than August 21 of the previous summer.
- A limited number of camp scholarships are available for Riverdale Residents on a per needs basis.
- Children are required to bring a non-meat, non-shellfish lunch. Campers will be provided with a snack daily.
- The Y reserves the right to cancel programs based on insufficient enrollment.
- I give permission for my child to participate in all activities, including trips away from the campsite.

Parent's Signature _____ Date _____

Camp Hours are 9am-4pm

Ages 6-14	2016 Fee/Until 3/31	2016 Member/Until 3/31
<input type="checkbox"/> Full season – 6/30-8/12/16	\$3,665/\$3480	\$3,365/\$3200
<input type="checkbox"/> Session 1 – 6/30-7/29/16	\$2,565/\$2435	\$2,365/\$2245
<input type="checkbox"/> Session 2 – 7/25-8/12/16	\$2,265/\$2155	\$2,165/\$2055

Camp Hours: 9:00 am to 4:00 pm. There will be no camp on Monday, July 4, 2016

Additional Options:

Early Stay – 8:00- 9:00 am: @ \$35 per week # of weeks _____ Total Early Stay \$ _____

☐ wk 1 ☐ wk 2 ☐ wk 3 ☐ wk 4 ☐ wk 5 ☐ wk 6

Late Stay: 4:00- 6:00 pm: @ \$60 per week # of weeks _____ Total Late Stay \$ _____

☐ wk 1 ☐ wk 2 ☐ wk 3 ☐ wk 4 ☐ wk 5 ☐ wk 6

Early /Late Combo: @ \$85 per week # of weeks _____ Total Combo Stay \$ _____

☐ wk 1 ☐ wk 2 ☐ wk 3 ☐ wk 4 ☐ wk 5 ☐ wk 6

This signed registration form must be returned with payment in full or your payment plan instructions & information. A separate application is required for each child.

Please check this box if your child has an Individualized Education Program (IEP) ☐

The Riverdale Y's Federal ID # is 13-1740507

Payment

(A) ☐ Payment in full for \$ _____. (B) ☐ 3 equal payments: First due with registration. Two scheduled payments on 1/15/16 and 5/13/16

(C) ☐ Monthly scheduled payments on the first of each month until June 1, 2016. A \$5.00 per payment processing fee will be added for each schedule payment

☐ My check(s) made payable to Riverdale YM-YWHA is (are) enclosed. ☐ Please charge # _____ payments to my MasterCard or Visa (see information below.)

☐ Visa ☐ MasterCard Card # (req'd) _____ Exp. date _____

Print name on card (req'd) _____ Signature (req'd) _____

I agree to pay above total amount according to card issuer agreement (merchant agreement if credit voucher.) There is a \$35 charge for each returned check or declined credit card payment.

For Official Use

Method of Payment: (circle) Cash Check Charge Amount Paid: \$ _____ Check # _____ Received by _____ Date rec'd _____ Processed by _____ Date proc'd _____