



Riverdale Y Summer Stage

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



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 _____

REGISTRATION TERMS:

- Annual Family Membership (minimum of 12 months including the dates of camp) 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 with \$500 due at time of registration. First payment scheduled for 1/15/17; second payment scheduled 3/15/17; third payment scheduled 5/15/17 by credit card (MasterCard/Visa) or post-dated checks. Add \$5 per payment processing fee.
 - Monthly scheduled payments with \$500 due at time of registration. Monthly payments scheduled on 1st of month and ending June 1, 2017 by credit card (MasterCard/Visa) or post-dated checks plus \$5 per payment fee.
- If I cancel or change a registration, the following procedures will be in effect:
 - a) **Until December 31, 2016**, full refund of all payments.
 - b) **Until March 31, 2017**, 50% refund of all payments.
 - c) **After March 31, 2017, ALL FEES ARE NON-REFUNDABLE**
 - d) All requests for changes to or cancellations of camp registrations must be submitted in writing. Changes made will be at prevailing rate when change is made. 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 MARCH 31.**
- 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 nut-free, meat-free, and shellfish-free lunch. Campers will be provided with a kosher 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.

I understand and agree to the registration terms:

Parent's Signature _____ Date _____

Ages 7-14	2017 Fee	2017 Member
<input type="checkbox"/> Full season (6 wks) – 6/29-8/11/17	\$3,665	\$3,365
<input type="checkbox"/> Session 1 (3 wks) – 6/29-7/21/17	\$2,350	\$2,200
<input type="checkbox"/> Session 2 (3 wks) – 7/24-8/11/17	\$2,350	\$2,200

Camp Hours: 9:00 am to 4:00 pm. **There will be no camp on Tuesday, July 4, 2017**

Additional Options:

Early Stay – 8:00-9:00 am: @ \$40 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: @ \$70 per week # of weeks _____ Total Late Stay \$ _____
 wk 1 wk 2 wk 3 wk 4 wk 5 wk 6

Early /Late Combo: @ \$90 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: \$500 deposit and scheduled payments: 1/15/17, 3/15/17, and 5/15/17. A \$5.00 per payment processing fee will be added for each scheduled payment.

(C) Monthly scheduled payments: \$500 deposit and payments on the first of each month until June 1, 2017. A \$5.00 per payment processing fee will be added for each scheduled 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 _____