

# ***EXTENDED DAY REGISTRATION FORM***

The extended day would run from 4 p.m. to 5:30 p.m. **The fee would be \$60 per child per week. There is no daily fee. (i.e. if your child only attends 2 days per week, fee is still \$60)** The fee covers the cost of the staff supervisors.

At this time, we may not be able to accommodate more than 40 children in the extended day. Registration would be based on a **first come, first served basis.**

**Parents Responsibilities:**

- **REGISTRATION FEE FOR EXTENDED DAY MUST BE PAID WITH A SEPARATE CHECK! (\$60) to the Port Chester Recreation Office, 222 Grace Church Street, Port Chester, NY 10573. NO MONEY WILL BE TAKEN AT THE DAY CAMP SITE!!! Fees MUST be paid before the start of the camp week, Regular Office hours are Monday – Friday 9 a.m. – 4 p.m. If you have any questions, call 939-2354.**
- **Should payment not be made and camper attends program parents will be contacted immediately to pick their camper up.**
- **Parents must provide their own transportation for their children.**
- **Parents must be prompt in picking up their children there will be a fee for children who are not picked up by 5:30 p.m. The fee will be \$10 for each 15 minutes after 5:30 p.m. that you are late. This procedure has been put into effect this camp season due to abuses of parents picking up campers later and later. The late fee must be paid in cash and given directly to the counselor at the time of pick up.**
- **Emergency numbers and evening numbers must be filled out**
- **Parents must provide any extra snacks or drinks for their children during the extended program.**

**Extended Day Registration**

**Fee: \$60**

**\*\*Office Use ONLY\*\***

**Date Received \_\_\_\_\_ Time Received \_\_\_\_\_**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_

Weeks Attending Extended Program \_\_\_\_\_

Grade \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Emerg Contact \_\_\_\_\_ Emerg # \_\_\_\_\_

Special Concerns \_\_\_\_\_

I agree that the Village of Port Chester Recreation Department, the Village itself, the Port Chester School District and each of its officers, members, employees, and agents blameless for injury sustained by my child, however caused, in the course extended Day Camp program as described above, and I agree that neither I nor anyone on my behalf shall prosecute any claim or course of action against the Village of Port Chester, the Recreation Department or any of its officers, members, employees or agents because of any such injury, however caused. I understand that the Village of Port Chester does not carry accident insurance. I have informed the Port Chester Recreation Department of any physical restrictions or limitations my child may have. In the event of an accident or illness. I give permission for my child to receive medical treatment.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_