



CNY Gym Centre's School Vacation Camps

Camper Information

Last Name		First Name		Grade	
Home Address				Birthday	
City		State	Zip	Home Phone	
Male <input type="checkbox"/> Female <input type="checkbox"/>		Current CNY Student? Yes <input type="checkbox"/> No <input type="checkbox"/>			T-shirt Size
Indicate any Medical Conditions or special needs:				Indicate any Allergies:	

Please circle each date you are registering your child for. Full payment must be paid for each date circled. Spaces are limited so make sure to submit applications at least one week prior to the start of camp to ensure a spot in our vacation camps.

	Monday	Tuesday	Wednesday	Thursday	Friday
February Vacation Camp Feb. 18-22, 2019	2/18/2019 AM Half Day (9-12)	2/19/2019 AM Half Day (9-12)	2/20/2019 AM Half Day (9-12)	2/21/2019 AM Half Day (9-12)	2/22/2019 AM Half Day (9-12)
	2/18/2019 PM Half Day (1-4)	2/19/2019 PM Half Day (1-4)	2/20/2019 PM Half Day (1-4)	2/21/2019 PM Half Day (1-4)	2/22/2019 PM Half Day (1-4)
	2/18/2019 Full Day (9-4)	2/19/2019 Full Day (9-4)	2/20/2019 Full Day (9-4)	2/21/2019 Full Day (9-4)	2/22/2019 Full Day (9-4)
Spring Vacation Camp April 15-19, 2019	4/15/2019 AM Half Day (9-12)	4/16/2019 AM Half Day (9-12)	4/17/2019 AM Half Day (9-12)	4/18/2019 AM Half Day (9-12)	4/19/2019 AM Half Day (9-12)
	4/15/2019 PM Half Day (1-4)	4/16/2019 PM Half Day (1-4)	4/17/2019 PM Half Day (1-4)	4/18/2019 PM Half Day (1-4)	4/19/2019 PM Half Day (1-4)
	4/15/2019 Full Day (9-4)	4/16/2019 Full Day (9-4)	4/17/2019 Full Day (9-4)	4/18/2019 Full Day (9-4)	4/19/2019 Full Day (9-4)

Fees: Half Day # of days attending: _____ x \$35 \$_____ Total

Full Day # of days attending: _____ x \$50 \$_____ Total

****please note that camps are subject to cancelation if enrollment is too low.****

Official Use Only

Amount paid: _____

Date paid: _____

Medical form on file

Parent/Guardian Information (1)

Please note the people listed as parent/guardian are the only one's authorized to make changes to this application, including adding and removing authorized pick-up name.

Last Name		First Name	
Home Address (if different from child)			Home Phone
City	State	Zip	Cell Phone
Employer	Work Phone	Email	

Parent/Guardian Information (2)

Please note the people listed as parent/guardian are the only one's authorized to make changes to this application, including adding and removing authorized pick-up name.

Last Name		First Name	
Home Address (if different from child)			Home Phone
City	State	Zip	Cell Phone
Employer	Work Phone	Email	

How did you hear about us?

From a friend/Current Member

Mail advertisements

Internet

TV Commercial

Social Media

Other (please Specify below)

Are there any court orders relating to the child's custody or release? Yes () No () If yes, please provide a copy of the court order.

