

## Little Stars Preschool 4063 Edson Avenue Bronx, NY 10466 718-994-0604

## **Summer Camp Application**

| How did you hear about us?:<br>FriendOther  |               | Yahoo |  |
|---|---------------|-------|--|
| Child's Name                                |               |       |  |
| Parent Name                                 |               |       |  |
| Facebook Contact:                           |               |       |  |
| Social Security #                           |               |       |  |
| Address                                     |               |       |  |
| Email Address                               |               | _     |  |
| Emergency Contacts (Please list at least 3) |               |       |  |
| Name  | Relationship: | TEL   |  |
| Name  | Relationship: | TEL   |  |
| Name  | Relationship: | TEL   |  |

Please check one:

- \_\_\_\_ Infants 6 weeks-12 mths full time only (\$406 per week) Site 1 Only 4063 Edson Ave
- \_\_\_\_ Toddlers 13m-36 mths (\$315/week full time; \$200 /week part time)
- \_\_\_\_\_ 3 5 year olds (\$290/week full time; \$185/week part time)
- \_\_\_\_ 6-10 year olds (\$236 weekly) 10% discount for siblings

## ACD/ACS, HRA, 1199 NACCRRA, CNY VOUCHERS AND SCHOLARSHIPS ACCEPTED

Please check off the weeks you are registering your child for (4 week minimum):

## Which location?

Little Stars Preschool - 4063 Edson Ave

Little Stars Too - 1083 Allerton Ave

\_\_\_\_ Little Stars Three - 1420 Burke Ave

\_\_\_\_ week 1 (July 6<sup>th</sup> - July 10<sup>th</sup>)
\_\_\_week 2 (July 13<sup>th</sup> - July 17<sup>th</sup>)
\_\_\_ week 3 (July 20<sup>th</sup> - July 24<sup>th</sup>)
\_\_\_ week 4 (July 27<sup>th</sup> - July 31st)
\_\_\_ week 5 (Aug 3rd - Aug 7th)
\_\_\_ week 6 (Aug 10<sup>th</sup> - Aug. 14th)
\_\_\_ week 7 (Aug 17<sup>th</sup> - Aug. 21st)
\_\_\_ week 8 (Aug 24<sup>th</sup> - Aug 28th)

Please sign below indicating your commitment to this abiding contract for the summer session provided by Little Stars. No Refunds for vacations /absentees or withdrawals.

| OFFICE USE ONLY:   |                    |
|--|--------------------|
| Contract signed:<br>CACFP:<br>Enrollment Form:<br>Deposit: | Completed Medical: |
|  |                    |

| Derent Signature | Data |
|------------------|------|
| Parent Signature | Date |