



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

**Summer Camp Application**

**How did you hear about us?** Yellow pages\_\_\_ Google\_\_\_ Yahoo\_\_\_ Friend\_\_\_  
 \_\_\_ Other\_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent Name \_\_\_\_\_ TEL \_\_\_\_\_

Facebook Contact: \_\_\_\_\_

Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contacts (Please list at least 3)

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ TEL \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ TEL \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ TEL \_\_\_\_\_

Allergy and/ or food restriction: \_\_\_\_\_

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

I do hereby give authority to the day care program staff to obtain necessary emergency medical treatment for my child, with the understanding that the family will be notified as soon as possible.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please check one:

\_\_\_ Infants 6 weeks-12 mths full time only (\$406 per week)

**\* Only at: Site 1 (4063 Edson Ave) & Site 3 (1420 Burke Ave)**

\_\_\_ Toddlers 13m-36 mths (\$325/week full time; \$210 /week part time)

\_\_\_ 3 – 5 year olds (\$315/week full time; \$190/week part time)

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

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

- \_\_ week 1 (July 11<sup>th</sup> - July 15<sup>th</sup>)
- \_\_ week 2 (July 18<sup>th</sup> - July 22<sup>nd</sup>)
- \_\_ week 3 (July 25<sup>th</sup> - July 29<sup>th</sup>)
- \_\_ week 4 (Aug 1<sup>st</sup> - Aug 5<sup>th</sup>)
- \_\_ week 5 (Aug 8<sup>th</sup> - Aug 12<sup>th</sup>)
- \_\_ week 6 (Aug 15<sup>th</sup> - Aug 19<sup>th</sup>)

### **Terms of this Agreement**

**Refunds/Deductions Will NOT be granted / permitted for child's absence, vacations, holidays, illness, non-payment, suspension /withdrawal.**

**Deposits/payments are not refundable and may be used for day care services only. During contract year weekly payments and co-payments are due whether child is absent, on vacation or ill.**

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

(SS #'s are kept confidential and will be used for non-payment purposes only)

<b><u>OFFICE USE ONLY:</u></b>	
Contract signed:	<input type="checkbox"/>
CACFP:	<input type="checkbox"/>
Enrollment Form:	<input type="checkbox"/>
Deposit:	<input type="checkbox"/>
Completed Medical:	<input type="checkbox"/>
Repellant/Sunblock:	<input type="checkbox"/>
Trip Permission Signed	<input type="checkbox"/>