

2021 UCP SUMMER CAMP CONTRACT

NAME OF CHILD _____

CHILD'S BIRTHDAY _____

PARENTS' NAMES _____

FULL ADDRESS _____

TELEPHONE (H) _____ (C) _____

EMAIL ADDRESS _____

Each session of camp is a one-week program from Monday to Friday. Classes are from 9:00am - 12:00pm.
Every camper must be potty trained and between 3-6 years old.

Session 1: June 21st – 25th: Princesses & Super Heroes

Session 2: June 28th – July 2nd: Aloha Summer Session

3: July 5th – July 9th: Everyday is a Holiday! Session 4:

July 12th – July 16th: Spectacular Science Session 5:

July 19th – July 23rd: Jr. Cooks in the Kitchen

Fees: Open Enrollment \$160 per session

UCP Kids \$ 140 per session

(price reflects a discount to those students who have completed the 2020-21 school year at UCP).

\$25 discount for children enrolled in all five weeks of camp!

I am enrolling my child in (please circle):

Session 1

Session 2

Session 3

Session 4

Session 5

I am enrolling in _____ sessions of camp.

Amount per session of camp _____. Total amount due: _____

Payment in full is required to secure a spot in the camp. Camp tuition is non-refundable and there are no partial sessions. Enrollment must reach a minimum to run each session.

The UCP Camp is subject to the procedures set up by the UCP Board and By-laws. In keeping with New York State Public law S2164, the above-named child must present a certificate of immunization, signed by the family physician prior to entering camp, unless it is already on file with UCP from the 2020-21 school year.

United Community Preschool does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies and other school-administered programs.

Please sign below to indicate acceptance of these terms and conditions.

(Signed) Parent/Guardian,

DATE _____

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NAME OF CHILD _____

Child's Physician: _____

Physician Telephone: _____

Allergies/Medical Concerns:

Emergency Contact Person #1: _____

Telephone: _____

Emergency Contact Person #2: _____

Telephone: _____

Custodial information of which preschool should be aware:

MEDICAL RELEASE (to be completed by parent)

In case of medical emergency, United Community Preschool reserves the right to contact emergency medical personnel. If the injury or condition is not life threatening or deemed a medical emergency, then United Church Preschool will make all arrangements to contact first the parent or guardian and/or emergency contacts listed on this form. If none of the above mentioned can be reached, United Church Preschool will make every effort to contact the child's physician as listed on this form.

(Signed) Parent/Guardian

DATE _____

Home Phone: _____

Cell Phone: _____

PUBLICITY PERMISSION

Pictures may be taken of my child and used for publicity including newspapers, websites and our school website.

(Signed) Parent/Guardian

DATE _____

**Drop off this completed form and full payment to your UCP teacher or mail to:
United Community Preschool | 131 Middle Road Sayville, NY 11782 | (631) 234-3524**