

KENMORE/TONAWANDA SCHOOLS DAY CAMP 2018

Swim lessons, tennis & golf lessons, soccer, theater, crafts, rocketry, team-building exercises, field trips to Fantasy Island & more. All counselors are certified NYS teachers and are ARC Lifeguard, CPR, AED, & First Aid Certified. Campers must be at least 6 years old and must not be 13 or before 6/25/18. We can only accept the first 150 registrants for each session.

For more information call Ralph Critelli daily at 874-8402 Ext. 355 ; After 3pm call 861-0648

Use <https://squareup.com/store/ktufsd> FOR PAYMENT AND REGISTRATION- BUT YOU MUST STILL COPY OR YOU'RE YOUR PHYSICIAN FAX- 716-874-8443 OR EMAIL – RCRITELLI@KTUFSD.ORG THE HEALTH FORM.

Location: Hoover Middle School- 249 Thorncliff Rd. , Buffalo, NY 14223
Time: 8am – 4pm (we do offer extended Pick-up to 5pm upon request & additional fee)
Fee: \$290 per two-week session (same cost again- for the last several years!)
A session is defined as 2 total weeks of attendance. The weeks do not necessarily need to be consecutive (ex.- you can register for the 1st wk. of the 1st session and the 1st wk. of the 3rd session)

YOU CANNOT REGISTER FOR LESS THAN A SESSION – DEFINED AS A 2-WEEK PERIOD OF TIME (10 DAYS). THEREFORE, NO PARTIAL SESSION REGISTRATION. ALSO- NO REFUNDS FOR MISSED DAYS UNLESS PROOF IS PROVIDED INDICATING A HOSPITAL EXPERIENCE OR FAMILY BEREAVEMENT.

(A \$50 NON-REFUNDABLE deposit is required to register for EACH session) THE REQUIRED DEPOSIT IS COMPLETELY NON-REFUNDABLE REGARDLESS OF CIRCUMSTANCE

Discount: \$10 discount for each session registered beyond one session. The maximum discount would be \$30 if registered for all four sessions. DISCOUNTS ONLY APPLY TO REGISTRATIONS INITIATED AND PAID IN FULL ON OR BEFORE 6/22/2017. NO DISCOUNT WILL BE GIVEN IN 2018 FOR A REGISTRATIONS INITIATED AND/OR PAID IN FULL AFTER 6/22/18. This means that any additional registrations AFTER 6/22/18 WILL NOT BE DISCOUNTED.

ONE PAYMENT IN FULL (less your deposit when you first register) FOR THE WHOLE SUMMER PROGRAM MUST BE RECEIVED AT 1500 COLVIN BLVD. BY FRI. , JUNE 22nd . Any payment postmarked after 6/22/18 may be returned, you may forfeit your child's position in the camp, and you may forfeit the deposit that you have made. Once again, the \$50/session required deposit will **NOT** be refunded.

Did you read everything? Please be sure to be aware of our policies.

Mail with payment to: DAY CAMP 1500 Colvin Blvd. Buffalo, NY 14223

Sessions: Campers may enroll for one, two, three, or all four sessions

Payment: Fee is **\$290** per each 2-week session. **\$50** deposit for each session is **NON-REFUNDABLE** & is due at the time of your reservation. **One Final Payment** for ALL registered sessions must be postmarked by **June 22nd 2018** **CREDIT CARD OPTION- <https://squareup.com/store/ktufsd> FOR PAYMENT AND REGISTRATION FORM!!!** HOWEVER, YOU WILL ALSO NEED TO FOLLOW THROUGH ON AND SUBMIT THE HEALTH FORM
(Your payment process should consist of **ONLY TWO** payments–your deposit and then, **ONE** Final Payment)

Make checks payable to **Ken-Ton Schools** OR **USE THE WEB PAYMENT** Indicate Amount enclosed _____

Check Session(s) Desired:

1. June 25- July 6 * (\$261 see note below) 2. July 9 – 20 (\$290) 3. July 23 – August 3 (\$290) 4. August 6 – 17 (\$290)

* There will be no Day Camp on Wed. July 4th ; therefore a \$29 discount for session #1 will apply.

Child's Name _____ Age _____ Birth Date _____ Sex: M or F

Full Address **including zip-code** _____

Parent/Guardian's Name _____

Home Phone # _____ Cell # _____ Work # _____

Email Address _____ **(required for our new registration system)**

Emergency Contact (other than Parent/Guardian) – Give Name and Telephone Number below. **PLUS- any chronic or other, significant health concerns and prescription medications:**

CONSENT: I/We hereby give permission for the above-named child to attend the Kenmore-Town of Tonawanda Day Camp at Hoover Middle School, during the session(s) listed herein. According to medical examinations within the previous 12 months said child is capable of participating in all activities (In the event of physical or activity-based limitations, please include a written note explaining any conditions or concerns.) I/We as parents/guardians recognize the inherent risks involved in such activities. I/We understand that field trips to Fantasy Island and the Town Pools are included, and that the camp provides bus transportation for the trips. I/We are aware of a "Pizza Day," whereby pizza will be delivered from a local vender. I/We give permission for said child to be initially treated by counselors in the event of injury or illness, with the knowledge that the school will take all reasonable precautions to avoid injury, but that it will not be held responsible or liable for injuries that may be incurred during said Day Camp.

Parent / Guardian Signature _____ Date _____

Parent / Guardian Name (please print) _____

**** Please enclose a stamped, self-addressed envelope with your registration. ****

NEW CREDIT CARD PAYMENT AND FULL REGISTRATION OPTION <https://squareup.com/store/ktufsd>
YOU CAN USE THE SITE FOR PAYMENT & REGISTRATION BUT YOU MUST STILL HAVE YOUR DOCTOR COMPLETE, FAX, AND/OR EMAIL THE HEALTH FORM PROVIDING PROOF OF IMMUNIZATIONS.